2026 HOPI FITNESS CENTER
REGISTRATION FORM

Name:_____ DOB:_____

☐ Male ☐ Female Village/Community Affiliation: _____

Address:_____ Home Phone:_____
_____ Cell Phone:_____
_____ Work Phone:_____

E-Mail Address:_____

DO you work for the Hopi Tribe? ☐ Yes ☐ No

All registered participants are automatically signed-up to receive e-mail and text messages regarding daily updates and activity reminders from the Fitness Center. If you do not wish to receive e-mail and text messages, you may UNSUBSCRIBE through your email.

EMERGENCY CONTACT (Please list two contacts):

Name:_____ Relationship:_____ Phone No._____

Name:_____ Relationship:_____ Phone No._____

Do you have any of the following medical conditions? Please check all that apply.

☐ Diabetes ☐ Heart Attack ☐ Stroke
☐ High Blood Pressure ☐ Asthma ☐ Other:_____
☐ Cancer ☐ Anemia (Low Iron) _____

Please list any medication(s) you are currently taking:_____
_____

I hereby recognize and agree that participants of the Hopi Fitness Center (hereinafter referred to as the "Center") may be subjected to certain risks of physical injury, damages, or loss. I voluntarily agree to assume the risks of physical injury, damages, or loss that I may sustain as a result of participation in the Center. I further waive and relinquish all claims that I may have against the Hopi Tribe and all program sponsors, including officials, volunteers and employees. I have read and fully understand the terms of this document, the warning and assumptions of risks, and the waiver and release of all claims.

Special Note: During activities, staff will be taking photographs of the participants to use in the Hopi Wellness Center Newsletter and/or for motivational purposes in presentations and advertisements.

Participant Signature:_____ Date:_____

Registration forms are required to be completed yearly. Should there be any medical changes that occur within the year, please inform the Hopi Wellness Center staff.

FOR STAFF USE ONLY:

Received By:	Date Entered	Bar Code Assigned	Renewal Date

FITNESS CENTER ORIENTATION

I have received orientation on the following:

_____ Membership Check In & Out Requirement

_____Fitness Center Schedule & Hours of Operation

_____Proper Operations of Exercise Equipment

_____Equipment Adjustment

_____Group Fitness Room

_____Cleaning & Putting Away Equipment

_____Emergency Exits

_____Locker & Shower Rooms

_____Hopi Veteran's Memorial Center

_____Equipment Checkout

_____Introduction to Kids Korner

_____Read & Understood the Guidelines & Signed

Acknowledgment of Facility Orientation, Policies and Guidelines

By signing below, I acknowledge that I have completed a facility orientation, and I have read, understood, and agree to abide by the policies of the Hopi Fitness Center.

Participant Signature:_____ **Date:**_____