

**The Fitness Center
The University of Maine at Machias
Instructional Program Registration
Form**



*Please return the completed registration form with the appropriate fee **three days prior to the first day of class** in one of the following ways:

1. In person at the Center for Lifelong Learning Membership Office during normal posted membership office hours.
2. Mail in the completed registration form with payment to:
**University of Maine at Machias, Fitness Center
116 O'Brien Avenue, Machias, Maine 04654**
3. Fax the completed registration form with credit card information to 207.255.1388.

Name: _____ Date: _____

Child's Name (*children's programs*): _____ Age: _____

Membership Status: Member Non-Member →
 Student Faculty/Staff Alumni Community]

Address: _____ City/State: _____

Zip Code: _____ Day Phone Number: _____

Evening Phone Number: _____ Email: _____

Refund Policy

The Fitness Center reserves the right to cancel any Instructional Program due to insufficient enrollment. A 100% refund of the registration will be given for any program cancelled by the Fitness Center or if you withdraw prior to the registration deadline, which is **three days** prior to class start date. No refunds will be given after the start of the program except for a physician-verified illness. Checks will be issued for all refunds and take approximately 6 weeks to process. **Refund requests for programs offered must be submitted prior to completion of the academic term the program was offered.** All refund request must be made to Marita Taylor at 255-1403 or marita.bureau@maine.edu.

Title: _____ **Class Fee** (from brochure): _____

Method of Payment: Cash Check Credit Card (Credit payment form must be completed)

***All participants must have a signed Risk and Release Form on file.**

Staff Use Only

Received By Staff Initials: _____ Registered/Paid: Date Paid: _____

Staff Initials: _____ Not Paid/Waiting List: Date: _____

Cancellations: Class Cancelled/Participant Notified _____ Member Cancelled _____

Refunds: Amount _____ Date Issued _____ Initials _____

Fitness Center Waiver Signed: Yes Date Signed: _____