



REGISTRATION FORM

PLAYER INFORMATION

NAME _____

MEMBER YES NO

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

LEVEL _____

PAYMENT METHOD

CASH CHECK CREDIT CARD
 Drop Off DHAC Send Email Notification Select One Below

Credit Card Type MC Visa AMEX Discover

Checks Made Out To: **Dedham Health & Athletic Complex**

Mail To: DHAC
 Attn: Naoufal
 200 Providence Highway
 Dedham, MA 02026

CREDIT CARD AUTHORIZATION

CREDIT CARD # _____

NAME ON CARD _____

EXPIRATION DATE: _____ / _____ CV# _____

I authorize Dedham Health & Athletic complex to use my credit card for the classes stated below.

SIGNATURE _____

CLASS SELECTION

CLASS NAME	SESSION	DAY	TIME	COST
1.				
2.				
3.				
4.				
		Coupon/Gift Certificate		(\$)
		Total Payment		\$

Registration by mail must include application, payment and signature. Applications WILL NOT be processed without full payment.

Any dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally determined by arbitration in accordance with the rules of the American Arbitration Association, and not by a court action. Member hereby waives any and all right to a jury trial with respect to any dispute, controversy or claim.

SIGNATURE _____ DATE / /