

**A.H.E.A.D.**  
**PROGRAM REGISTRATION AND AGREEMENT**

Baylor Tom Landry Fitness Center ("BTLFC")  
411 N. Washington  
Dallas, TX 75246  
(214) 820-7810  
Fax (214) 820-7878

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Program Fees: \$880.00**  **Paid in full** **OR**  **Paid in 3 installments of \$294.00**

**Payment Information: (Circle One)**

Master Card                  Visa                  American Express                  Discover                  Check

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Checks made payable to: BTLFC**

**PROGRAM DETAILS** – Adopting Health Eating and Activity in Dallas ("A.H.E.A.D") is a twelve (12) week program of BTLFC. The program fee in the amount of \$880 includes: one (1) one (1) hour family nutrition counseling session with a registered dietician; three (3) follow-up sessions with a registered dietician; nineteen (19) one-on-one thirty (30) minute exercise sessions with a certified personal trainer; A.H.E.A.D. activity and food tracking booklet; exercise band; unlimited e-mail access to a certified personal trainer and registered dietician during BTLFC regular business hours; parent/guardian and siblings over the age of 16 are given guest access, in accordance with BTLFC policies, to BTLFC during the participant's thirty (30) minute exercise sessions.

**PROGRAM PERIOD** –Your twelve (12) consecutive week program begins the first Monday of your first scheduled nutrition session with a registered dietician. A parent/guardian will need to present a picture ID for each visit to BTLFC and must remain in the building during the participant's exercise session. A parent/guardian must attend all nutrition sessions with the participant.

**ADJUSTMENTS AND TERMINATIONS** – The parent/guardian acknowledges that the program fees are for A.H.E.A.D. and BTLFC reserves the right to terminate enrollment with or without cause, providing written notice of any such terminations. BTLFC reserves the right to adjust program costs for any future programs it may offer. All payments are non-transferable. No payments will be refunded for reason of non-use of the facility or program. All payments are final. Any cancellation (late or not attending a scheduled appointment) of an A.H.E.A.D session (nutrition or exercise) constitutes forfeiture of that specific session and no refund will be issued. I hereby understand that enrollment in A.H.E.A.D. does not constitute membership at BTLFC.

I hereby enroll my child in A.H.E.A.D. I represent that my child has no current health conditions that would affect his/her participation in the program. I understand that individual results may vary and no one is guaranteed any particular result from participation in A.H.E.A.D. By voluntarily participating in this program, I as the parent/guardian recognize and accept all risks associated with it. Furthermore, I agree to abide by all BTLFC policies when on BTLFC premises and using BTLFC facilities including, but not limited to, the execution of the BTLFC Parental Consent, Release, Waiver of Liability and Indemnity Agreement, which is attached hereto and incorporated herein by reference.

I have read, understand and agree to comply with the above stated and/or indicated terms, conditions and policies.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

*For more information, please contact Matthew Ward at (214) 820-7996.*