



Registration Information

Please fill out the following registration form for Fall/Winter/Spring Programs and return to the Service Desk at least 4 days prior to each program that you wish.

One form should be
filled in completely
per person per program

Make check payable to:

Cascade Athletic Clubs

If you are mailing in your registration, please mail to:
Connie Martin Cascade Athletic Club
19201 SE Division St Gresham, OR 97030

*You are confirmed
unless you hear otherwise.*

Questions:

If you have any questions, please refer to the appropriate Department Manager, in the article or contact Connie Martin at 503-665-4142 or connie@cascadeac.com and she can lead you in the right direction.

Cancellation Fee:

If you cancel from a Program at least 3 days prior to its start, you will be refunded all but \$5.

If you cancel on or after the start of the program we will pro-rate a refund for you if we find someone to take your place.

*More Program Registration Forms
available at Club*

**CAC-GRESHAM
503-665-4142**

**CAC-EAST GRESHAM
503-618-4142**

**CAC-205
503-257-4142**

Program Registration

(Please Print & Fill In Everything)

Participant _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

If Kids Program: Date of Birth ___/___/___

Age _____ School _____

Parents Name _____

E-Mail: _____

Name of Program You Wish: _____

Fee: \$ _____ Session: _____ (If applicable)

Dates _____

Day/Time _____

Level _____ (if applicable)

Are You A Member Of CAC? ___Yes ___No

Waiver: In consideration of your acceptance of this entry, I do for myself, my heirs, executors, administrators & assignees, hereby release and waive & discharge any and all rights and claims for damages, losses or injuries incurred by me at Cascade Athletic Club. (Parent Signature if under 18) Date ___/___/___

Sign Here _____

Staff: (Please fill in everything)

Payment: ___Csh ___Ck ___Visa/MC

___CAC Members Charge: # _____
(If Chg: Signature _____)

Staff Only: \$ _____ Date ___/___/___

Receipt # _____ Staff Int. _____

Notes:

Program Registration

(Please Print & Fill In Everything)

Participant _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

If Kids Program: Date of Birth ___/___/___

Age _____ School _____

Parents Name _____

E-Mail: _____

Name of Program You Wish: _____

Fee: \$ _____ Session: _____ (If applicable)

Dates _____

Day/Time _____

Level _____ (if applicable)

Are You A Member Of CAC? ___Yes ___No

Waiver: In consideration of your acceptance of this entry, I do for myself, my heirs, executors, administrators & assignees, hereby release and waive & discharge any and all rights and claims for damages, losses or injuries incurred by me at Cascade Athletic Club. (Parent Signature if under 18) Date ___/___/___

Sign Here _____

Staff: (Please fill in everything)

Payment: ___Csh ___Ck ___Visa/MC

___CAC Members Charge: # _____
(If Chg: Signature _____)

Staff Only: \$ _____ Date ___/___/___

Receipt # _____ Staff Int. _____

Notes: