Member #:_____ Membership Rep:_____

SPEED AND STRENGTH
ACADEMY at DEDHAM HEALTH

Session 1 2026 Registration Form

Please complete the entire registration form

Participant Name: _____ D.O.B_____
Parent's/Guardian's Name(s) (if under 18):_____ _____
Address: _____ Town: _____ State: _____ Zip Code: _____
Phone Number: (____)_____ Email:_____
Are you a DHAC member? (Circle one): YES NO
Emergency Contact (name and relationship):_____ Phone Number: (___)_____

What sports/physical activities do you/your child currently participate in? Do you/your child have any known past or current medical concerns that limit participation in physical activity? Is there any additional information that would be helpful for our coaches to know? If yes, please give detailed explanation: _____
_____
_____
_____

I have filled out this form to the best of my knowledge and agree to inform DHAC in writing of any changes of health status of participant. 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 court action. Members hereby waive any and all rights to a jury trial with respect to any dispute, controversy or claim. **Model Release:** I hereby waive my rights to remuneration regarding the photographing, video filming, and or written documentation of me or provided by me of my fitness activities. I understand and acknowledge that photographs, video film, and written documentation of me or provided by me may appear in the Dedham Health & Athletic Complex textbooks, training videos, advertising brochures, photographs and/or video film of me may appear in other publications independent of Dedham Health & Athletic Complex such as a magazine article or documentary. I grant permission to Dedham Health & Athletic Complex to utilize any such photograph and/or video film taken in the performance of my fitness duties, and written documentation of me or provided by me. I further understand and agree that photos and videos taken during classes or programs may be used for Dedham Health & Athletic Complex (DHAC) marketing materials, website content, and affiliated DHAC social media accounts.

SIGNATURE: _____ DATE: _____/____ /_____
(Parent/Guardian if under 18)

Check Program Attending:

☐ Early Edge (7-10)
☐ Varsity Prep (11-13)
☐ Adult Hybrid Conditioning
☐ Adult Run Club

Class(es) Registering For:

1x/week Class (Day/Time): _____

2x/week Class (Day/Time): _____

3x/week Class (Day/Time): _____

Pricing & Payment Information:

9-Week Session 1x/Week	9-Week Session 2x/Week	9-Week Session 3x/Week	Run Clubs
$ 284	$ 524	$ 712	$ 179

Total: _____

☐ Card on File
☐ Credit Card
☐ Cash
☐ Check #
(Check payable to Dedham Health and Athletic Complex)

Name as it appears on card: _____
Card Number: _____
Expiration Date: _____/____ CID#:_____
Cardholder's Signature: _____

DEDHAM HEALTH
& Athletic Complex

Member #:_____ Membership Rep:_____

SSA Session 1

September 13th – November14th

Kids Programs

Early Edge (7-10)
Sunday: 12:15-1:00 pm
Monday: 4:00-4:45 pm
Tuesday: 4:15-5:00 pm
Wednesday: 4:00-4:45 pm
Thursday: 4:15-5:00 pm

Varsity Prep (11-13)
Sunday: 11:00-11:45 am
Monday 6:00-6:45 pm
Wednesday 6:00-6:45 pm

Adult Programs

Adult Hybrid Conditioning
Sunday: 10:00-10:45 am
Tuesday: 6:30-7:15 pm
Thursday: 6:30-7:15 pm
Saturday: 10:00-10:45 am

Adult Run Club
Sunday: 8:00-8:45 am
Saturday: 9:00-9:45 am