



Vang Council of La Crosse  
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## Exercise Registration Form

Name \_\_\_\_\_ M / F DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

### How did you hear about us:

Social Media       Family/Friend       VCL web page

### Race/Ethnicity:

- Caucasian/White       Hispanic/Latino       Native American/Alaskan Native  
 Black/African American       Asian       Native Hawaiian/Other Pacific Islander  
 Others (Please list all others)

The participant acknowledges and agrees that there are risks involved with any fitness and physical activity, the use of exercise equipment, and participation in an exercise program, and such risks may include the risk of serious bodily injury or death.

By signing this agreement, the participant knowingly and voluntarily assumes all risks of liability, loss, illness, death, or injury caused or arising out of any use of the Facilities or the participation in any activities by the Member.

Signature \_\_\_\_\_

Date \_\_\_\_\_