



photo

**ACG FITNESS - REGISTRATION FORM****INFORMATION**

Last name: ..... First name: .....  
Police ID number: ..... ACG I.D.: ..... ☐ Male ☐ Female  
Address: ..... Area: ..... State: ..... Zip: .....  
Tel.: ..... Mob.: ..... Email: .....  
Date of birth: ..... / ..... / ..... Occupation: .....  
A.F.M. (tax number) ..... Nationality: .....

If you will need a parking pass, please enter your car's plates: ..... Parking availability: M-F (after 16:30), Sat-Sun (operation hours)  
Would you like to receive e-mail updates & special offers from ACG FITNESS? ☐ Yes ☐ No

**Please indicate your ACG affiliation:**

Alumnus/a: ☐ Pierce ☐ Deree ☐ Alba ☐ Year of graduation: .....  
Student (ID# .....): ☐ Active ☐ Inactive ☐ Study Abroad  
☐ Faculty/Staff (status: ..... / ext.: .....): ☐ Spouse ☐ ACG Retiree ☐ Children (18+) of the above  
☐ Community ☐ Other: .....

If family member please provide main member's name: ..... and relationship: .....

**FOR CHILDREN'S PROGRAMS ONLY**

Last name: .....  
First name: .....  
ID card: ..... ACG ID: .....  
Date of Birth: ..... / ..... / ..... ☐ Male ☐ Female

**HOW DID YOU HEAR ABOUT OUR PROGRAM?**

☐ ACG website ☐ Colleague ☐ Email  
☐ Brochure ☐ Advertisement ☐ Other

All subscriptions are personal, not transferable and not refundable

**METHODS OF PAYMENT****1. Cash**

**2. Credit card** Total amount: € .....

☐ Visa ☐ MasterCard ☐ Diners ☐ Other.....

Name on card: .....

Card number: ..... Exp.date: ..... / ..... / .....

Cardholder's signature: .....

**3. Bank deposit** Total amount: € .....

ALPHA BANK: IBAN: GR34 0140 4290 4290 0200 2003 006

NBG: IBAN: GR49 0110 1800 0000 1800 0110 454

**All memberships are personal, not transferable and non refundable**

**MEDICAL CERTIFICATIONS**

- ☐ 1. Cardiologist or Pathologist  
☐ 2. Dermatologist (only if you are planning to use the swimming pool)

OTHER One (1) recent photograph ☐

**FOR OFFICE USE ONLY**

Registration Fee: ☐ €..... Receipt #..... Date:..... / ..... / .....

Subscription Fee: ☐ €..... Receipt #..... Date:..... / ..... / .....

☐ Cash ☐ Credit card ☐ Bank deposit

ACG FITNESS I.D. #.....

Received by: .....

**WAIVER**

The American College of Greece and the Deree College Athletic Club are not liable for any damage of property or personal injury resulting from negligent, reckless or irresponsible use of their grounds and facilities and/or a participant's negligent, reckless or irresponsible conduct within their grounds. The American College of Greece and the Deree College Athletic Club are not liable for any damages to vehicles of participants while they are parked on its premises. The American College of Greece and the Deree College Athletic Club are not liable for any loss of personal property or valuables that the participants choose to bring with them. The Deree College Athletic Club reserves the right to refuse registration on its programs, as well as the right to terminate registration at will and without prior notice. I hereby affirm that the above information is true and correct, and that I have read and agree to the aforementioned terms and the "Rules and Regulations" of the Fitness program.

I am healthy and capable of participating in Sports activities.

Legal name: .....

Signature: ..... Date: ..... / ..... / .....

Emergency contact: ..... Tel.: .....