



REGISTRATION FORM

PERSONAL INFO:

Name: _____ Tel#: _____

Address: _____ Email: _____

EMERGENCY CONTACT INFO:

Name: _____ Tel#: _____

INFORMED CONSENT:

I understand and am aware that I will participate in strength training, cardiovascular exercise and flexibility exercises. I also understand that the above exercises involve a risk of injury, and may cause abnormal blood pressure response, fatigue, dizziness, fainting and even death. I am voluntarily participating in these activities and using equipment with the knowledge of the dangers involved. I hereby agree to assume and accept any and all risks of injury or death. (Please initial _____) I hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in physical activity or use of equipment as hereinafter stated. I have read, understood and completed the Physical Activity Readiness Questionnaire (Par-Q).

Thank you for your interest in my classes!

Where did you hear about my classes? _____

NEW COURSE FEE: (Effective as of September 1st, 2011)

Preferred Plan: (Circle one)

- Drop-in - \$12
- card of 10 classes - \$100
- card of 20 classes - \$160

***Tax included. Cards are valid for 4 months. (Cash or cheque accepted)
Receipts are available upon request.***

Preferred Class: (Circle One)

- YOGA
- ZUMBA
- BOTH

Signature: _____

Date: _____