

TANDEM STUDIOS

FITNESS CLASS Registration Form

Name: _____ Date: _____

Home #: _____ Cell #: _____

Address: _____

Email: _____

(Please note Studio updates will be sent to you via email)

EMERGENCY CONTACT: NAME: _____ Ph #: _____

Three Months Unlimited Fitness \$468 +HST (\$528.84)

Start date: _____ End date: _____ Payment Date: _____

Start date: _____ End date: _____ Payment Date: _____

Start date: _____ End date: _____ Payment Date: _____

8 Week Commitment Price \$111.20 +HST (\$125.66)

Start date: _____ End date: _____ Payment Date: _____

Start date: _____ End date: _____ Payment Date: _____

Fitness Class Card

5 class card \$120 (\$24/class)

10 class card \$200 (\$20/class)

Total \$135.60

Total \$226.00

Payment Date: _____
Payment Date: _____

Payment Date: _____
Payment Date: _____

15 class card \$255 (\$17/class)

20 class card \$300 (\$15/class)

Total \$288.15

Total \$339.00

Payment Date: _____
Payment Date: _____

Payment Date: _____
Payment Date: _____

PAYMENT METHOD

Cash

Cheque

Credit Card

Cheque #: _____ **Visa/MC #** _____ **Exp.** _____

1. I understand I am participating in Fitness classes at my own risk. I will not hold Tandem Studios liable for any illness/injury occasioned on the premises or as a result of my participation in fitness classes. _____ (*pls. initial*)

2. Any class cancelled by Tandem Studios due to unforeseen circumstances such as illness/injury etc. will be made up by the studio with a "make-up" class. _____ (*pls. initial*)

3. *Injuries/medical conditions that may affect exercise:* _____

Date: ____/____/____ Signature: _____ Witness: _____

(dd / mm / yy)