

Calabogie Pilates & More

"Stay In Shape The Fun Way"



2020 Winter Registration Form

NAME: _____

PHONE: _____

EMAIL: _____

YOU NEED TO BRING:

Level One Pilates: Exercise mat, 2 lb hand weights, yoga block

Level Two Pilates: Exercise mat, 2 or 3 lb hand weights, yoga block, foam roller

Back Fitness & Stretch: Exercise mat, yoga block, foam roller

Step It Up: Good pair of running / walking shoes

Why Exercise?

According to Canada's Physical Activity Guide, 60% of older adults are not sufficiently active. Inactivity levels increase from 59% for adults 55 to 64, to 60% for seniors 65 to 74, and 74% for seniors over 75. If you participate in one of the programs, you are better than average.

PAYMENT: Cash, e-transfer or cheque payable to Susan Veale. (44 Norton Rd. RR#2 Calabogie K0J 1H0)

Save 10%
Pay by Dec 19th

<input checked="" type="checkbox"/>	Course Programs	Date	Day	Time	Cost w/ HST	Early Registration
	Level One Pilates 12 Weeks	Jan 6 - Mar 23	Monday	5:00 - 6:00 pm 60 MIn Class	\$162.72	\$146.90
	Level One Pilates 12 Weeks	Jan 9 - Mar 26	Thursday	8:30 - 9:30 am 60 MIn Class	\$162.72	\$146.90
	Level Two Pilates 12 Weeks	Jan 6 - Mar 23	Monday	5:00 - 6:00 pm 60 MIn Class	\$162.72	\$146.90
	Level Two Stretch & Pilates 12 Weeks	Jan 9 - Mar 26	Thursday	9:45 - 11:00 am 75 MIn Class	\$203.40	\$183.06
	Back Fitness / Stretch 12 Weeks	Jan 6 - Mar 23	Monday	3:45 - 4:45 pm 60 MIn Class	\$162.72	\$146.90
	Step-It-Up 8 Weeks	Jan 9 - Feb 27	Thursday	11:15 - 11:45 am 30 MIn Class	\$45.20	

Assumption of Risk and Release of Liability. This is a release of legal rights. Please read and understand before signing.

I, (print your name), _____, (henceforth known as the "Participant") freely choose to participate in the "Calabogie Pilates & More" programs offered by Wellness Natural Health Centre. I agree to release, indemnify, and defend the Wellness Natural Health Centre and any of its officials, officers, employees and agents from and against any claim which I, the participant, may have for any losses, damages or injuries arising out of or in connection with my participation in any Wellness Natural Health Centre Program. I indicate that by my signature below that I have carefully read this release clause and acknowledge that I understand it.

SIGNATURE: _____ DATE: _____