

Calabogie Pilates & More Online

"Stay In Shape The Fun Way"



2022 Winter Registration Form

NAME: _____

PHONE: _____

EMAIL: _____

YOU NEED TO HAVE FOR:

Mat Pilates: Exercise mat, 2 or 3 lb hand weights, yoga block

Pilates Bands, Balls & Roller: Resistance band, large ball, foam roller

Back Fitness & Stretch: Exercise mat, yoga block, foam roller 36" long

PAYMENT: Cash, eTransfer to susan.wnhc@gmail.com, or cheque payable to Susan Veale

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.

NO CLASS MONDAY, FEBRUARY 21st - Family Day

Save 10%
Pay by Dec. 30th

<input checked="" type="checkbox"/>	Course Programs	Date	Day	Time	Cost w/ HST	Early Registration
	Mat Pilates 12 Weeks	Jan 10 - April 4	Monday	5:00 - 6:00 pm 60 MIn Class	\$162.70	\$146.90
	Mat Pilates 12 Weeks	Jan 13 - Mar 31	Thursday	9:15 - 10:15 am 60 MIn Class	\$162.70	\$146.90
	Beginners Pilates 12 Weeks	Jan 13 - Mar 31	Thursday	10:45 - 11:30 pm 45 MIn Class	\$135.60	\$122.05
	Pilates Bands, Balls & Roller 12 Weeks	Jan 12 - Mar 30	Wednesday	10:30 - 11:30 am 60 MIn Class	\$162.70	\$146.90
	Back Fitness / Stretch 12 Weeks	Jan 10 - April 4	Monday	3:45 - 4:45 pm 60 MIn Class	\$162.70	\$146.90

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.

DATE: _____

SIGNATURE: _____

Wellness Natural Health Centre
44 Norton Rd. Calabogie ON K0J 1H0
TEL: 613-752-1540
info@wellnessnaturalhealthcentre.com
www.wellnessnaturalhealthcentre.com