

Calabogie Pilates & More Online

"Stay In Shape The Fun Way"



2022 Spring Registration Form

NAME: _____

PHONE: _____

EMAIL: _____

YOU WILL NEED:

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, April 18th - Easter Monday***

Save 10%
Pay by Mar. 25th

<input checked="" type="checkbox"/>	Course Programs	Date	Day	Location / Time	Cost w/ HST
	Mat Pilates 10 Weeks	April 11 Only*** April 25 - June 20	Monday Monday	Online 3:45 PM - 4:45 PM Church Hall 5:00 PM - 6:00 PM	\$166.10 \$149.50
	Mat Pilates 12 Weeks Mat, Bands, Ball	April 7 - April 28 May 4 - June 22	Thursday Wednesday	Online 9:00 AM - 10:00 AM Church Hall 9:00 AM - 10:00 AM	\$189.85 \$170.85
	Beginners Pilates 12 Weeks	April 7 - April 28 May 4 - June 22	Thursday Wednesday	Online 10:15 AM - 11:00 AM Church Hall 10:15 AM - 11:00 AM	\$153.65 \$138.30
	Pilates Bands, Balls & Roller 12 Weeks	April 6 - April 27 May 4 - June 22	Wednesday Wednesday	Online 10:30 AM - 11:30 AM Church Hall 9:00 AM - 10:00 AM	\$189.85 \$170.85
	Back Fitness / Stretch 10 Weeks	April 11 Only*** April 25 - June 20	Monday Monday	Online 3:45 PM - 4:45 PM Church Hall 3:45 PM - 4:45 PM	\$166.10 \$149.50

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
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