

Calabogie Pilates & More

"Stay In Shape The Fun Way"



2023 Spring Registration Form

NAME: _____

PHONE: _____

EMAIL: _____

YOU NEED TO BRING:

Beginner's Pilates: Exercise mat, yoga block

Pilates: Exercise mat, 2 lb hand weights, yoga block. Some classes may require resistance bands and exercise ball.

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

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 10TH

Save 10%
Pay by Mar. 23rd

| <input checked="" type="checkbox"/> | Course Programs | Date | Day | Time | Cost w/ HST | Early Registration |
|-------------------------------------|---|----------------------------------|----------------------------|----------------------------------|-------------|--------------------|
| | Pilates 8 Weeks | Apr 17 - June 5 | Monday | 5:00 - 6:00 pm 60 MIn Class | \$135.60 | \$122.05 |
| | Pilates 10 Weeks | Apr 6 - Apr 27 May 3 - June 7 | Thursday Wednesday | 9:15 - 10:15 am 60 MIn Class | \$169.50 | \$152.55 |
| | Back Fitness / Stretch 8 Weeks | Apr 17 - June 5 | Monday | 3:45 - 4:45 pm 60 MIn Class | \$135.60 | \$122.05 |
| | Beginner Pilates 5 Weeks | Mar 29 - Apr 26 | ONLINE Wednesday | 10:30 - 11:15 pm 45 MIn Class | \$67.80 | N/A |

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