## Stayin Shape The Pun Way



## **2024 Spring Registration Form**

## YOU NEED TO BRING

cheque payable to Susan Veale

NAME:	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.
PHONE:	Back Fitness & Stretch: Exercise mat, yoga block and foam roller.
	PAYMENT: Cash, eTransfer to susan.wnhc@gmail.com, or

NO CLASSES MAY 6, 9, 13 & 15.

Save 10% Pay by March 14th

Course Programs	Date	Day	Time	Cost w/ HST	Early Registration
Pilates 7 Classes	April 8 - June 3	Monday	5:00 - 6:00 pm 60 Min Class	\$118.65	106.75
Pilates 8 Classes	April 4 - April 25 May 1 - June 5	Thursday Wednesday	9:15 - 10:15 am 60 Min Class	\$135.60	122.05
Pilates 8 Classes	April 4 - April 25 May 1 - June 5	Thursday Wednesday	10:30 - 11:30 am 60 Min Class	\$135.60	\$122.05
Back Fitness / Stretch 7 Classes	April 8 - June 3	Monday	3:45 - 4:45 pm 60 Min Class	\$118.65	\$106.75
Ready-Golf 4 Classes	April 8 - April 29	Monday	6:15 - 7:00 pm 45 Min Class	\$67.00	N/A

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	Assumption of Risk and Release of Liability. This is a	release of legal rights. Please read and understand before signing.
Wellness Natural Health Centre and any of its officials, officers, employees and agents from and against any claim which I, the partici pant, may have for any losses, damages or injuries arising out of or in connection with my participation in any Wellness Natural Health	I, (print your name),	, (henceforth known as the "Participant") freely choose to participate
pant, may have for any losses, damages or injuries arising out of or in connection with my participation in any Wellness Natural Health	in the "Calabogie Pilates & More" programs offered by We	ellness Natural Health Centre. I agree to release, indemnify, and defend the
	pant, may have for any losses, damages or injuries arising	out of or in connection with my participation in any Wellness Natural Health

DATE:\_\_\_\_\_\_SIGNATURE:

Wellness Natural Health Centre 44 Norton Rd. Calabogie ON K0J 1H0 TEL: 613-752-1540

info@wellnessnaturalhealthcentre.com www.wellnessnaturalhealthcentre.com