



Xpressions Fitness Registration Form

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Email: xpressionscentre@gmail.com

www.xpressionscentre.ca

Name _____ Under 18, Parent/Guardian Name _____
 Address _____ Town _____ Postal Code _____
 HM Ph# _____ Cell Ph# _____ Email _____
 Medical Concerns _____ Emergency Contact _____ Ph# _____

Y E S	N O	FITNESS & HEALTH LIFESTYLE QUESTIONNAIRE (PAR-Q & YOU): (If you answer yes to one or more of these questions, it is recommended you speak to your doctor before beginning any fitness program)
		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity?

Programs	Day/Time Or Pass Card	Cost
<input type="checkbox"/> Zumba		
<input type="checkbox"/> Youth Kickboxing		
<input type="checkbox"/> HardCore Fit		
<input type="checkbox"/> Yoga		
<input type="checkbox"/> Step Aerobics		
<input type="checkbox"/> Weights Class		
<input type="checkbox"/> Body Barre		
<input type="checkbox"/> Boot Camp		
<input type="checkbox"/> Gentle Fitness		
<input type="checkbox"/> Kickboxing		
<input type="checkbox"/> Couples Dance		
<input type="checkbox"/>		
Total		
-10% Carload		

WAIVER: (Read carefully & Sign)

I acknowledge that I am participating in Fitness Classes offered by Xpressions Dance & Fitness Centre Inc. which I recognize requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Fitness Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Fitness Classes. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. I waive any claim I may have against Xpressions Dance & Fitness Centre Inc. for injury or damages that I may sustain as a result of participating in the program on or off the property. I accept that All Fees are NON REFUNDABLE.

By Signing below I acknowledge and accept the above statement.

Signature of Participant or Parent/Guardian:

_____ Date: _____

OFFICE USE ONLY
Chq # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Visa
Make Cheques Payable to: Xpressions Dance & Fitness Centre Inc.