



FITNESS  
INSTITUTE\*  
MISSISSAUGA



## Summer 2010 REGISTRATION FORM Starts June 2010 (for 10 weeks)

**Participant 1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day/mth/yr)  
 Health Card #: \_\_\_\_\_  
 Medical Conditions/Allergies: \_\_\_\_\_

- TEEN TRAINING **Tues (6pm-7pm) starts June 29<sup>th</sup> – Aug 31st**
- YOUNG ATHLETES **Thurs (6pm- 7pm) OR Sat (8am – 9am) starts June 10th**
- BOXING **Tues (5pm – 6pm) starts June 29<sup>th</sup>**

**Participant 2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day/mth/yr)  
 Health Card #: \_\_\_\_\_  
 Medical Conditions/Allergies: \_\_\_\_\_

- TEEN TRAINING **Tues (6pm-7pm) starts June 29<sup>th</sup> – Aug 31st**
- YOUNG ATHLETES **Thurs (6pm- 7pm) OR Sat (8am – 9am) starts June 10th**
- BOXING **Tues (5pm – 6pm) starts June 29<sup>th</sup>**

### **Contact Information:**

**Parent or Guardian:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency contact: (must be different from the above information)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Method of Payment:**

**All prices subject to GST**

Cheque       Debit       Credit Card       Payment to Member Account  
 Cardholders Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

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