



FITNESS
INSTITUTE*
MISSISSAUGA



**SPRING 2008
REGISTRATION FORM
Starts April 7th- June 13th, 2008 (10 weeks)**

Participant 1:

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

- BOOT CAMP** **TEEN TRAINING** space limited
Mon/Wed (please select one or both)
 HIP HOP DANCE **BOXING** _____

Participant 2:

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

- BOOT CAMP** **TEEN TRAINING** space limited
Mon/Wed (please select one or both)
 HIP HOP DANCE **BOXING** _____

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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