



TWIST CONDITIONING INC.
 #12-1225 East Keith Road, North Vancouver, BC, V7J 1J3
 TEL: 604-904-6556 ext 115 • TOLL FREE: 888-214-4244 • FAX: 604-904-6558

FALL 2010 REGISTRATION FORM

Full Name			
Street Address			
City	Province	Postal	
Home Phone	() -	Cell: () -	
E-mail		Fax: () -	

Session	Program	Day	Time
1.			
2.			
3.			

ADULT PROGRAMS - 15 Weeks	1 @ \$450, 2 @ \$750, 3 @ \$900, 4 @ \$1200	\$
Functional Breakfast/Lunch:	1 @ \$300, 2 @ \$450, 3 @ \$675	\$
Yoga Sport- 1 Per Week – 15 weeks - \$225		\$
YOUTH PROGRAMS - 12 Weeks	1 @ \$360, 2 @ \$600, 3 @ \$720	\$
KIDS SPORT - 12 Weeks	1 @ \$300, 2 @ \$480 3 @ \$540	\$
Less Stat Holidays Mon September 6, Mon October 11, Thurs November 11	@ \$.....	-\$
Intro to Sport Session (Only for Athletes new to Twist)		\$
FALL FITNESS TESTING (Booking deadline Sept 8) – \$50 per test or \$90 for both		\$
SUB-TOTAL		= \$
Referral Bonus – 1 x Private 1-on-1 Session (if applicable) Name of person referred:.....		
Plus HST (12%)		+ \$
GRAND TOTAL		= \$

Visa/Mastercard: _____ **Expiry:** _____ **Verification #:** _____

*If you are paying by cheque please mail or drop off to the above address. Payment must be received before attending your first class.

TERMS & CONDITIONS - Please read carefully

- All participants must submit an **Intake and Par-Q form**.
- **CANCELLATION/REFUND POLICY :** 1) Written Cancellation 14 calendar days prior to start date of program= Full refund minus 10% administration fee of full price paid. 2) Inside 14 calendar days prior to start date - Refund less 20% administration fee of full price paid. 3) No refund once program has commenced. In the case of an injury or major illness, the participant will be granted a credit for future sessions.
- **SESSION POLICY :** 1) All sessions need to be paid in advance before any training begins. 2) All sessions will begin at the scheduled time. No refund or credit will be granted if you are late or if you miss a session. 3) You agree to inform your coach of any conditions or changes in your health at any time while participating in the Program, which might affect your ability to train safely and with minimal risk of injury.

I agree to the above terms: **Name:** _____ **Signature** _____ **Date:** _____

For office use only:	<input type="radio"/> Roster	<input type="radio"/> Valid Intake & Par-Q?	<input type="radio"/> Invoice & Letter	<input type="radio"/> Profile in VOLO
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