



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

WINTER 2012 REGISTRATION FORM

Full Name			
Street Address			
City	Province	Postal	
Cell Phone () -	Home Phone ()	-	
Email			

January 3 – April 1, 2012

Class	Program	Day	Time
1.			
2.			
3.			

ADULT SPORT CONDITIONING PROGRAMS – 13 Weeks	1 @ \$390, 2 @ \$650, 3 @ \$780	\$
45 Minute Classes (TFB TFL TFD ViPR)	1 @ \$260, 2 @ \$390, 3 @ \$585	\$
ATHLETE DEVELOPMENT PROGRAMS – 13 Weeks	1 @ \$312, 2 @ \$520, 3 @ \$702	\$
Late Registration Pro-Rated Classes: sessions @ \$.....	\$
Pro-Rated Statutory Holiday – Mon January 2 ndsession @ \$.....	\$
Intro to Sport – 1-on-1 Intro session, mandatory for new athletes. \$50 (Value: \$85) EARLY BIRD SPECIAL: Complimentary Intro to Sport Session; must register by Dec 23 rd		\$
Less Credits (if applicable):		- \$
	SUB-TOTAL	= \$
	Plus HST (12%)	+ \$
	GRAND TOTAL	= \$
Cost Breakdown Adult: 75min classes 1@\$30, 2@\$25, 3@\$20 45min classes 1@ \$20, 2 & 3 @ \$15 Youth: 60min classes 1@\$24, 2@\$20, 3@\$18		

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 have a valid an **Intake and Par-Q form**. These forms must be updated every 12 months.
- **CANCELLATION/REFUND POLICY:** 1) Written Cancellation 14 calendar days prior to start date of program= Full refund. 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 on presentation of a medical certificate.
- **SESSION POLICY:** 1) All sessions must 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="checkbox"/> Roster	<input type="checkbox"/> Valid Intake & Par-Q	<input type="checkbox"/> Invoice E-Mail Letter	<input type="checkbox"/> Profile Interests Added to schedule
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