



Pilates Class Registration

Participant Name: _____ Date: _____
E-mail: _____
Address: _____
City: _____ Zip: _____ Date of Birth: _____
Day Phone: _____ Evening Phone: _____
Emergency Contact Name: _____ Phone: _____

Please list injuries/health restrictions: _____

Release of Liability

Any use of the facility is at your own risk and Balance for Life Fitness Center is not liable for injury or damages resulting from the use of its services and facility. If you are aware of any health problems please write them above and obtain approval from your medical doctor.

These terms constitute the full agreement between you, the instructor, Julie Gronquist and Balance for Life Fitness Center, Inc.

Your signature below denotes that you have read and that you agree to all of the terms listed above.

Participant: _____ Date: _____

Class (Circle):

Beginner Pilates Mat Class 4-5 pm starting Wed April 1st for 6 weeks
Beginner Pilates Mat Class 12:30-1:30 pm starting April 14th for 6 weeks
Beginner Pilates Mat Class 11:15-12:15 starting Sat April 18th for 5 weeks
Intermediate Pilates Mat Class 10-11 am starting Sat April 18th for 5 weeks

Fee:* \$16 per class for series of 5 weeks=\$80 and \$96 for 6 weeks or \$20 per class for drop-in (if space is available) (Classes are limited to 5 participants.)

*Payment must be made prior to class start date in order to reserve your spot. You may pay by credit card (in person, over the phone, at www.BFLFitness.com), check or cash. Please call 651-636-6696 with questions or to register. If you are unable to attend a class there are no refunds or rescheduling. Please drop off, mail or fax this form. Our address is: 1000 West County Road E, Shoreview, MN 55126 or fax 651-204-9224.

