





# REGISTRATION FORM

I am registering for:

- Bootcamp     Kids' Fitness Camp     Baby Fit Camp     Beginners Trail Running

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_  Male  Female

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your current fitness level?     Inactive     Moderately active     Athlete

How did you hear about us? \_\_\_\_\_

## STEPS IN REGISTERING FOR THE WEIGHT LOSS CHALLENGE

1. Fill out this form and fax to 604-929-SOUL.
2. To pay you may use:
  - a) Paypal which is available on our website which offers debit, MasterCard or Visa options.
  - b) Drop off a cheque to the Soul Fitness Studio
3. **No mail in registration.**
4. All participants must fill out an intake and par-Q form on the 1st day.
5. Soul Fitness recommends all participants to receive medical clearance before starting an exercise program.
6. No refund within 30 days of program start date.

**I agree to the above terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_