



# Registration Form

Location:

Session Days / Times:

Client Name:

Address:

City:

State:

Zip:

Day Phone:

Evening Phone:

Email Address:

Are you pregnant:  Yes,  No

\*This program is not intended or appropriate as prenatal exercise.

Date of birth \_\_\_/\_\_\_/\_\_\_

Emergency Phone Number: \_\_\_\_\_

I rate my fitness level as a \_\_\_\_\_ on a scale from 1 - 10 with 10 being highest level of fitness

I was referred by \_\_\_\_\_

My main goal is to \_\_\_\_\_

Do you have any healthy concerns or injuries that we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

## Method Of Payment

Payment: \_\_\_\_\_

Method of Payment:  Cash,  Check,  Credit Card

If paying by check, please make check out to: Breanne Houston

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Office use only - Date Paid \_\_\_ / \_\_\_ / \_\_\_ Charged by \_\_\_\_\_

When purchasing classes, please note that there are absolutely NO REFUNDS!

YOU MUST SIGN THE WAIVER ON THE BACK OF THIS CARD BEFORE PARTICIPATING IN ANY CLASS.





## BODY BACK<sup>®</sup>

# Classes Waiver of Liability

I, \_\_\_\_\_,  
desire to voluntarily participate in the BODY BACK classes.

By signing below, I agree to assume all risks associated with participation in activities associated with these classes. I agree to hold *Breanne Houston*, its licensees, the venue, and the instructor leading the activity, harmless from any and all liability arising from the undersigned's participation in the program.

This program is not intended for prenatal exercise. Please alert instructor if at any time during program that you become pregnant.

I understand and agree:

---

DATE

NAME (Please print)

SIGNATURE

