



REGISTRATION FORM '09

Register early to reserve your spot!

Participant's Name: _____ DOB: _____

Child's Name: _____ Child's DOB: _____

Address: _____ Today's Date: _____

City: _____ State: _____ Zip: _____

Cell or home phone: _____

Email: _____

Would you like to be included in the Active Mom's Club email distribution list for class promotions, nutrition and fitness tips? YES NO

How did you hear about *Biceps, Babies and Buggies* classes? _____

List one goal you would like to achieve during this class? _____

Have you been checked for Diastasis Recti? YES NO Did you have a C-Section? YES NO

Are you less than six months postpartum? You will need a waiver form from your healthcare provider.

Dr's Name: _____ Practice Name: _____

CLASS SCHEDULE

All BBB classes are one hour in duration and start promptly.
Indicate which session you are registering for:

- | | |
|--|--------------------------------------|
| <input type="radio"/> INDOOR winter 2009 | <i>For outdoor class only:</i> |
| <input type="radio"/> SPRING I, II | <input type="radio"/> Beginner class |
| <input type="radio"/> SUMMER I, II | <input type="radio"/> Graduate class |
| <input type="radio"/> FALL | <u>Location: _____</u> |

REGISTRATION:

Please send completed form along with check payment to reserve your spot in class. Make checks payable to & sent to the attention of:

Coach Cassandra
2602 N. Wayne Avenue
Chicago, IL 60614

Once you registration is confirmed, you will be sent a waiver form if you are a NEW participant of the Active Moms' Club. A waiver from your healthcare provider is required if you are less than six months postpartum. Please bring waiver to your first class.

PACKAGE PRICE:

INDOOR Class:

- One Class /week, 5-week session \$99
- Two Classes /week, 5-week session \$149

OUTDOOR Class:

- One class per week, 6-week session
- Unlimited, 6-week session

QUESTIONS —

Call: 773.687.9905

Email: info@activemomsclub.com

Visit: www.activemomsclub.com

Paid: check / cash

Credit Card #

Exp. date: