



REGISTRATION FORM

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 **FROM THE CORE** 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

You are required to provide a waiver from your healthcare provider to participate in this class.

Dr's Name: _____ Practice Name: _____

(For AMC's marketing purposes only)

CLASS SCHEDULE

Mondays & Wednesdays:

- Winter
- Summer
- Spring
- Fall

REGISTRATION:

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

Active Moms' Club
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.** Please bring waiver to first class.

CLASS PRICE:

- 12 classes, 6-week session: \$225
- LATE REGISTRATION: \$235

Registration ends one week before session begins. Late registration may be allowed if space is available and only at instructor's discretion.

QUESTIONS —

Call: 773.687.9905

Email: info@activemomsclub.com

Visit: www.activemomsclub.com

NOTES: