



REGISTRATION FORM indoor strength & conditioning class

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 **Active Moms' Club Indoor** class? _____

List one goal you would like to achieve with classes? _____

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

Indoor circuit classes are held at i.d. gym, 2727 N. Lincoln Ave.
Classes are open enrollment.

- Class passes are valid for 60-days, starting the day of first class
- Date of first class: _____
- Instructions for online reservation system will be sent via email

REGISTRATION:

Make checks payable to & sent to the attention of:

Active Moms' Club
2602 N. Wayne Avenue
Chicago, IL 60614

Once your 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 Circuit Class:

- 5-Class Pass: \$70
- 10-Class Pass: \$130
- Drop-ins: \$16
- Referral Bonus, \$10 off your registration

Friend's Name: _____

QUESTIONS —

Call: **773.687.9905**

Email: **info@activemomsclub.com**

Visit: **www.activemomsclub.com**