

Dance Registration Form - ADULTS

Name: _____
 Address: _____
 City, Province: _____ Postal Code: _____
 Phone: () _____ Work/Cell: () _____
 Emergency Contact & relationship: _____ Phone: _____
 Email Address: _____
 How did you hear about Tone? _____

<p><i>Information must be entered by Tone Fitness and Dance Ltd. representative:</i></p> <p>Name of Dance Session: _____</p> <p>Class Day: _____ Class Time: _____ Start Date: _____</p> <p>Instructor: _____</p> <p>Regular Price \$ _____</p> <p>Promo Discounts if applicable \$ _____ <i>note:</i> _____</p> <p>Total Price \$ _____</p> <p>GST \$ _____</p> <p>Total Contract Price \$ _____</p> <p>Method of Payment (circle): Visa Mastercard Cash Cheque Interac</p>	
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Member Agrees: I further advise Tone Fitness and Dance Ltd. that I have taken all precautions, whether consulting my personal physician or not, and state that I am physically capable of engaging in this work out and/or dance session. I hereby release Tone Fitness and Dance Ltd., it's agents, servants, or employees from any and all liability, claim or demand on account of or related in any way to injury or disease I may suffer as a result of the foregoing and assume all risks in connection therewith.

Medical Questionnaire- If you answer YES to any of the following questions and your doctor has said it is OK for you to take part in our classes, please inform your instructor of this and follow the directions he/she has given you. If you answer NO to all of the questions, you can be reasonably assured of your present suitability to take part in our classes.

	Yes	No
Are you on any medications?	_____	_____
Do you smoke now? How many cigarettes per day?	_____	_____
Has your Doctor ever said you have heart trouble?	_____	_____
Do you frequently have pains or pressure in your heart and chest at rest or during exertion?	_____	_____
Do you often feel faint or have spells of severe dizziness?	_____	_____
Has your Doctor ever said your blood pressure is too high?	_____	_____
Do you have asthma or allergies?	_____	_____
Do you get short of breath after two flights of stairs?	_____	_____
Do you have back pain - constant or occasional?	_____	_____
Are you over 50 and accustomed to vigorous exercise?	_____	_____
Has your Doctor ever told you that you have a bone or joint (including spine) problem such as swollen joints, arthritis, etc. that has been aggravated by exercise or might be made worse by exercise?	_____	_____

Member signature: _____

Tone Authorization: _____ Date: _____

Email Consent

In accordance to Canada's Anti-Spam Laws, you must give your 'Express Consent' for Tone to send you email. We must keep record of your consent on file in the event that we are chosen for a random edit in the future.

Member Name: _____ Date: _____

_____ **Initial here to give Tone permission to send you emails.**
session start dates, news, deals - no spam, you can unsubscribe any time.

_____ **Initial here** if you authorize Tone Fitness and Dance Ltd. to **photograph and/or video tape** you during events, and for the images and/or recordings to be published, reproduced, or distributed by Tone Fitness and Dance Ltd. on their website, recruitment materials, and ads without compensation.