



104 Byron Street South Whitby ON L1N4P4
905.217.0664 www.twistwhitby.com

FALL 2010 ADULT AND YOUTH REGISTRATION FORM

Full Name			
Street Address			
City	Province	Postal	
Home Phone	() -	Cell: ()	-
E-mail		Fax: ()	-
How did you hear about us?			

TWIST CONDITIONING YOUTH AND ADULT CONDITIONING PROGRAMS

Session	Program	Day registered	Time
1.			
2.			

Program Fees	Your Fees
ADULT PROGRAMS - 15 Weeks 1 @ \$450, 2 @ \$750	=
Functional Lunch: 1 @ \$300, 2 @ \$450, 3 @ \$675	=
Yoga Sport: 15weeks - \$225	=
Youth MINI CAMP - 3 WEEKS Sept. 7 th - 25 th 1@ \$90, 2@ \$150, 3 @220	
YOUTH PROGRAMS - 12 Weeks 1 @ \$360, 2 @ \$600, 3 @ \$720	
Discount \$25 if participated in MINI CAMP- \$50 if register FULL program by AUG.27th	-
KIDS SPORT- 1 @ \$300, 2 @ \$480	-
TOTAL ATHLETE Experience Package - \$399	
Early Bird Discount (if applicable - BEFORE SEPT. 17 th \$25)	
Returning Athlete Discount (if applicable \$25)	-
Referral Discount (if applicable) - \$50	
Family Discount 10% (if applicable)	-
SubTotal	=
Plus HST (13%)	+
GRAND TOTAL	=

Visa/Mastercard: _____ Expiry. _____ Verification #: _____

Cheque - *If you are paying by cheque please mail or drop at the facility with your registration form

TERMS & CONDITIONS - Please read carefully

- All participants must submit an **Intake and Par-Q form** available from the centre or online at www.twistwhitby.com
- **CANCELLATION/REFUND POLICY**
 - 1) Written Cancellation 14 calendar days prior to start date of program= Full refund minus 10% administration fee of full price paid.
 - 2) Inside 14 calendar days prior to start date - Refund less 20% administration fee of full price paid.
 - 3) No refund once program has commenced. In the case of an injury or major illness, the participant will be granted a credit for future sessions.
- **SESSION POLICY**
 - 1) All sessions need to be paid in advance before training begins.
 - 2) All sessions will begin at the scheduled time. No refund or credit will be granted for missed sessions.
 - 3) You agree to inform your coach of any conditions or changes in your health at any time while participating in the Program, which might affect your ability to train safely and with minimal risk of injury.
 - 4) Missed sessions can be substituted with another session or program based on availability.

I agree to the above terms: **Name:** _____

Signature _____ **Date:** _____