



2010 Registration Form

Program Session: May/June July/Aug SHP Sept/Oct Nov/Dec

Program Type: L2T T2T T2TU BNL HEAT HP PR

Duration: 1x wk 2x wk 3x wk 4x wk 5x wk

Day/Time:

Appointments:

Ensure you book your appointments accordingly with the fitness-testing schedule. Contact M2M for Fitness Testing Dates.

PRICING:	4x/week= \$12/session	Athletic Therapy Clients = \$30/session
	3x/week= \$15/session	HP: High Performance Program = \$35/session
	2x/week= \$20/session	PR: Post Rehab = \$35/session
	1x/week= \$22/session	SHP 3x/wk = \$399.00 2x/wk = \$272.00

Payment Method	Package Price	=	\$
<input type="checkbox"/> VISA	Plus 5%GST	=	\$
<input type="checkbox"/> MASTER CARD	Total Due	=	\$

PAYMENT:

VISA / MASTERCARD: _____ - _____ - _____ - _____ Expiry: _____

TERMS & CONDITIONS:

- All participants must submit a consent and waiver form and par-q,
- **No refund once program has commenced,**
- **No rescheduling, refund or credit will be given if you miss a session,**
- You agree to inform your coach of any conditions of 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.

I agree to the above terms:

Signature: _____

Date: _____