

# Registration Form

## Fitness Classes (Begin Week of September 8th)

Please check the class you are registering for:; Core, Toning, and Rock run for 13 weeks. \*Boot Camp runs for 8 weeks

CLASS	COST	DAYS	TIME
<input type="checkbox"/> Boot Camp*	\$30.00	M & W	4:45
<input type="checkbox"/> CoreStability	\$20.00	W	12:15
<input type="checkbox"/> Toning	\$40.00	T & Th	11:45
<input type="checkbox"/> Toning	\$40.00	T & TH	12:20
<input type="checkbox"/> Rock Bottom	\$20.00	M	12:15

Attention Returning Toners and Boot Campers:



## Package Prices for 13 week session

Package 1	Package 2	Package 3
Take TWO fitness classes and receive a <b>\$5.00 discount</b> off the fall session	Take THREE fitness classes and receive a <b>\$10.00 discount</b> off the fall session	Take FOUR fitness classes and receive a <b>\$15.00 discount</b> off the fall session

Bring a new face to class for the session and receive an additional \$5.00 discount!

## Workshops/Presentations

Please check the workshop/presentations you are registering for:

WORKSHOP/PRESENTATION	DATE	Time	Cost
<input type="checkbox"/> Fall for Harvest	9/17	12:00 PM—1:00PM	\$4.00
<input type="checkbox"/> Freedom from Smoking	10/2—11/20	2:30 PM — 3:30 PM	FREE
<input type="checkbox"/> Weight Watchers (reimbursement based on participation)	10/2—11/20	1:00 PM — 2:00 PM	\$80.00
<input type="checkbox"/> My Pyramid Workshop	10/9	10:00 AM—11:00	FREE
<input type="checkbox"/> Blue Health Assessment(30minute sessions circle one time)	10/10	9:30, 10, 10:30, 11, 11:30	FREE
<input type="checkbox"/> Picky Eaters; Help Kids Help themselves at the Table	10/29	12:00 PM—1:00 PM	\$4.00
<input type="checkbox"/> Avoid the Holiday "Eight" Gain Cooking Demonstration	11/12	12:00 PM—1:00 PM	\$6.00

Please enclose check with registration form. All checks can be made payable to King's College

**Release & Medical Consent:** I agree to the above names person's participation in King's College's Health and Wellness Programs, and waive, discharge, and forever hold harmless King's College, its officers, directors, employees and all other liabilities, claims, cause, damages or demands resulting from participation in usage of equipment, or participation in classes. In event of an emergency, I authorize that medical attention be administered to the participant names above.

**King's College recommends that you check with your physician before beginning any workout program**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone/ Emergency Phone \_\_\_\_\_

Signature of parent or guardian if under 18 years of age. \_\_\_\_\_

Date \_\_\_\_\_