



# CENTRE PILATES® MAT CLASS Registration Form

Mail or bring this completed form to: Centre Pilates, 20 Richboro Rd, Suite D, Newtown, PA 18940

Payment Policy: We accept Cash or Checks only. Make Checks payable to CENTRE PILATES

PARTICIPANT'S NAME		M/F	AGE	BIRTH DATE	COMPLETE PROGRAM INFO..Circle Day(s) Indicate Date(s) Time & Fee					
First	Last			DATE	Program Name	Circle Day	Enter Date	Time	Class #	Fee
						Day	SU M T W TH F S			
ADDRESS						Day	SU M T W TH F S			
CITY STATE ZIP						Day	SU M T W TH F S			
PHONE NUMBERS				E-MAIL ADDRESS		MEDICAL PROBLEMS, ALLERGIES, ETC.				
(H)		(W)								

RELEASE OF LIABILITY (All participants are required to sign this form)  
 Please check with your doctor before registering in any program requiring walking, fitness, etc. I/we assume all risk and hazards and agree to hold harmless the organizers, supervisors, participants, etc. for any claim arising out of injury whether the result of negligence or any other cause.

EMERGENCY CONTACT:

NAME:

RELATIONSHIP:

PHONE NO. (H)

(W)

\_\_\_\_\_ has my permission to participate in the above named activity sponsored by Centre Pilates®

I have read and understand all registration and refund information.

PARTICIPANT SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

Questions: Call **215-579-0007** or visit [www.centrepilates.net](http://www.centrepilates.net) for more information on CENTRE PILATES®