

Fitness in the Falls Registration Form 2010

My name _____
Address _____
Postal Code _____ Phone _____ Phone 2 _____
Email _____
My Roommate is _____ Please place me with a roommate _____

How did you hear about Fitness in the Falls? _____
I have attended Fitness in the Falls before? **Yes / No**

Please register me for

_____ **Women's Fitness Weekend 2 Night Pkg:** Prior to Mar 4th - \$375 + tax (13%) = **\$423.75**
_____ **Women's Fitness Weekend 2 Night Pkg:** Mar 4th - Mar 31st - \$399 + tax (13%) = **\$450.87**
_____ **Women's Fitness Weekend Pass:** Price **\$289.00**
_____ **Saturday Day Pass:** Price **\$99.00**
_____ **Saturday Day Pass Plus Dinner:** Price **\$160.00**

I understand falls view and single occupancy rooms are at a higher rate. (Please call for details)

My Fitness Level _____
I am super fit, a regular exerciser or returning to exerciser _____

PAR-Q, (Physical activity readiness questionnaire):

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **Yes / No**
- 2) Do you feel pain in your chest when you do physical activity?
Yes / No
- 3) In the past month, have you had chest pain when you are not doing physical activity?
Yes / No
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness?
Yes / No
- 5) Do you have a bone or joint problem (back, knee, hip) that could be made worse by a change in your physical activity? **Yes / No**
- 6) Is your doctor currently prescribing drugs for your blood pressure or heart condition?
Yes / No
- 7) Do you know of any other reason why you should not do physical activity? **Yes / No**

Waiver for Participation & Release of Liability:

I _____ hereby waive, forgive, release, discharge and all claims for damages for personal injury, bodily injury, or property damage which I may have or which may hereafter accrue to me against Sheraton Fallsview Hotel, A. Cooke Fit Pros, and their affiliates which may result from my participation in the fitness activities of the Fitness in the Falls weekend April 30-May 2/ 2010.

Signed _____ Dated _____

Fax to 905-371-FITF (3483)

Credit Card Payment Visa _____ MC _____
Expiry Date _____

NOTE: Your card statement will read Anne Cooke Fit Pros Toronto

Cancellations made before April 1st, 2010 will qualify for a full refund less a \$50 administration fee. Any cancellation made between April 2nd and April 16th will qualify for a 50% refund. No refund will be issued after April 16th.