

Functional Health and Fitness
 404 – 267 O'Connor St.
 Ottawa ON K2P 1V3
 Tel: 613-237-4609 Fax: 613-567-3917

REGISTRATION

Functional Health and Fitness - www.functionalhealth.ca - (Page1/2)

Member Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ **ON** _____
City *Province* *Postal Code*

Home Phone: _____ Alternate Phone: _____

Fax Number: _____ E-mail Address: _____

Birth Date: _____ Sex: _____

Marital Status _____ Occupation _____

Doctor Name: _____ Phone Number: _____

Do we have permission to contact your Doctor? _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *Province* *Postal Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

FEES

I agree to participate in the following Program for the duration indicated.

I agree to purchase ___ sessions, which must be used within the allotted time of ___ months of the date herein, and will be making a payment of \$ _____ (inc. HST, HST # _____) for such sessions.

Note: In the event that the undersigned does not complete the number of sessions as set out above within the required time frame, he/she will still be responsible to pay the remainder and complete amount as agreed.

Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Cr. Card	Amount: \$ _____	HST: \$ _____	\$ Total _____
Credit Card: Visa/MC _____	Exp / _____	Functional Health HST # _____	

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Consent for Use of Personal Information

I understand the Functional Health and Fitness gathers personal information about each of its clients, including name, address, email, telephone number, sex, age, occupation and date of birth. This information is used for the purposes of receiving communications from Functional Health and Fitness, determining results, demographics and market trends. Occupation is collected to target expertise and experience in members which could aid the Functional Health and Fitness. Functional Health and Fitness also requests medical information and emergency contact info to use in case of a medical emergency.

I hereby consent to the use of my personal information for the above purposes. (Initial)_____

Acceptance of Terms and Conditions

In consideration of the acceptance of my membership with Functional Health and Fitness I agree as follows:

1. I will comply with all the rules and regulations of the Functional Health and Fitness.
2. 24 hours notice must be provided to Functional Health and Fitness in the event that a client wishes to cancel a session for any reason. Functional Health and Fitness reserves the right to charge full price if this requirement is not met.
3. I agree that I will not work with any Functional Health and Fitness representatives for a period of (2) two years after I cease to be a client of Functional Health and Fitness
4. I, the client, hereby acknowledge that I have carefully read and signed the attached waiver and release and understand fully that it is a release of liability of Functional Health and Fitness and agrees that such a waiver and release is reasonable and proper based on the nature of Functional Health and Fitness's business.
5. I agree that all funds paid pursuant to this contract are nonrefundable and concessions will not be made for unused sessions for any reason.
6. In the case of extenuating circumstances and the sole authority of Functional Health and Fitness, sessions unused within the above outlined time frame may be used within an extended time frame as determined by Functional Health and Fitness.

I hereby accept the terms and conditions as described above. (Initial)_____

Acknowledgement

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Name of Participant

Signature of Participant

Witness

Date

Functional Health and Fitness Representative

Witness

Date