

Term (circle): 1 2 3 4 Year : \_\_\_\_\_

Please select program (circle):

MONDAY- Fitness THURSDAY- Wellness BOTH INTRO CLASS

MOTHER First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency contact details

Full Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

- I am physically fit to participate in physical exercise.
- I have completed my 6-week post-natal check-up and have clearance to exercise from my doctor.
- I take full responsibility/supervision of my baby during class.

If the above requirements are not met, for safety reasons, you will not be permitted to participate.

### Terms & Conditions

- No credit or make-up classes are available for missed sessions.
- Missed sessions cannot be transferred to another day or term.

### Withdrawal from the Mums & Bubs Exercise Program:

- A refund may be provided if participation in the program cannot be continued because of a medical condition. A medical certificate must be provided in this instance. Refund will be processed pro rata as dated from the medical certificate for the duration of the term program.

I have read, understood and accept the terms and conditions above.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only-----

Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_