

<u>6 Week GRL POWER Fitness - Consent form</u> <u>Week Oct 7th 2019</u>

CLIENT STATEMENT:	
	am registering
(Childs First Name\Last Name)	
for the GRL POWER fitness 6 week	program hosted Circle Studio.
	lass held Thanksgiving Monday. This will be made
-	y class added at the end of the session.
 Minimum 3 participant enrol 	llment is needed to run each class.
, , , , , , , , , , , , , , , , , , , ,	focus on empowerment, nutrition, health & wellness ge. I understand classes will be held at Circle Studio 3 Petrolia Line).
Date:	_
Name of child: (please print)	
Age of child ²	
Address:	
City\Province:	Postal Code:
Phone: (H)	_(C)

6 week GRL POWER fitness options:

A) One class a week \$70+tax	B) Two classes a week \$110+tax	c) Three classes a week \$150+tax
* please circle one day	* please circle two days	* please circle three days
Monday 4:00-4:30PM	Monday 4:00-4:30PM	Monday 4:00-4:30PM
Wednesday 4:00-4:30PM	Wednesday 4:00-4:30PM	Wednesday 4:00-4:30PM
Wednesday 5:45-6:15PM	Wednesday 5:45-6:15PM	Wednesday 5:45-6:15PM

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The registration fee can be payable

- In Studio at front desk
- Or via (EMT please use email: <u>circle.studiopetrolia@gmail.com</u>),

Please use the password: **GRLPOWER** for EMT

I allow Circle Studio to photograph this event and consent to my child's picture being taken

YES \ NO

Please	list any	allergies\	sensitivitie	s (topical	, airborne	or inges	ted) we	should	be a	ware
of:	-	_					•			
Signat	ure of G	uardian\Pa	rent:							
Date:										

Thank you for your business- Circle Studio . All information contained on this form will be kept strictly confidential. Updated 2019