



REGISTRATION FORM '08

*Classes fill up, reserve
your spot early!*

Participant's Name: _____ DOB: _____

Child's Name: _____ Child's DOB: _____

Address: _____ Today's Date: _____

City: _____ State: _____ Zip: _____

Cell or home phone: _____

Email: _____

*Would you like to be included in the Active Mom's Club email distribution list for class promotions,
nutrition and fitness tips? YES NO*

How did you hear about *Biceps, Babies and Buggies* classes? _____

List one goal you would like to achieve during this class? _____

Have you been checked for Diastasis Recti? YES NO

Did you have a C-Section? YES NO

Are you less than six months postpartum? You will need a "permission slip" from your healthcare provider.

CLASS SCHEDULE

Classes are one hour in duration and start promptly on the hour. There are three different classes to choose from. Indicate which day and session you are registering for:

- MON: 9:30am Summer Session #2: July 14– Aug 18
 TUES: 10:30am
 THU: 9:30am

REGISTRATION:

Please send completed form along with check payment to reserve your spot in class. Make checks payable to & sent to the attention of:

Cassandra Hawkinson
2602 N. Wayne Avenue
Chicago, IL 60614

Once your registration is confirmed, you will be sent a waiver form if you are a NEW participant of *Biceps, Babies and Buggies*. Please bring waiver to first class. Your healthcare provider's "permission slip" is required if you are less than six months postpartum.

PACKAGE PRICE:

*Please note, classes for the special
spring session are offered Mondays
and Thursdays only.*

- Summer 6-week session: \$99
 Unlimited 6-week session: \$149
 Prorated ___ Classes

QUESTIONS —

Call: 773.505.3945

Email: info@coachcassandra.com

Visit: www.coachcassandra.com

Paid: check / cash

Credit Card #

Exp. date: