

Registration Form

Name: _____

Full Mailing Address (including postal code): _____

Phone: _____ Fax: _____

E-mail: _____ Membership #: _____

G MasterCard #: _____ Exp: _____

G Visa #: _____ Exp: _____

G 3-Digit Credit Card Security # (Found on Back of Card): _____

G Cheque G Money Order Signature: _____

The Workshops

When choosing your workshop(s) be sure to indicate your first and second choices.
 Note: Some sessions have maximum numbers. Admittance will be based on pre-registration.

| | | | |
|---|--|--|--|
| Fri. 4:45 pm 1A_____ 1B_____ 1C_____ 1D_____ | Fri. 7:15 pm 2A_____ 2B_____ 2C_____ 2D_____ | Sat. 8:15 am 3A_____ 3B_____ 3C_____ 3D_____ | Sat. 9:45 am 4A_____ 4B_____ 4C_____ 4D_____ |
| Sat. 11:15 am 5A_____ 5B_____ 5C_____ 5D_____ | Sat. 1:15 pm 6A_____ 6B_____ 6C_____ 6D_____ | Sat. 2:45 pm 7A_____ 7B_____ 7C_____ 7D_____ | Sat. 4:15 pm 8A_____ 8B_____ 8C_____ 8D_____ |
| | | Early Fees (Before Oct. 16 th) | Late Fees (After Oct. 16 th) |
| Full Conference Fee (FNB Members) | | \$ 145 + HST | \$ 165 + HST |
| Full Conference Fee (Non-Members) | | \$ 175 + HST | \$ 195 + HST |
| Saturday Fee (FNB Members) | | \$ 125 + HST | \$ 145 + HST |
| Saturday Fee (Non Members) | | \$ 155 + HST | \$ 175 + HST |
| Per Session Fee (FNB Members) | | \$ 50 + HST | \$ 55 + HST |
| Per Session Fee (Non-Members) | | \$ 55 + HST | \$ 60 + HST |

Seniors (60+) and Full-time College or University Students receive a 10% discount.
 However, member and non-members rates still apply.
 Students: Provide the name of your school and your student ID#:

*Cancellation Policy: Prior to November 6th, there will be a cancellation fee of \$25. After November 6th, NO REFUNDS will be issued.
 Please Note: Island Fitness Council and Nova Scotia Fitness Association members can register at the Fitness NB Member Price.*

Mail: Fitness New Brunswick, 1216 Sand Cove Road, Unit 2, Saint John, NB, E2M 5V8
 Phone: (506) 672-1993 Toll Free: 1-888-790-1411
 Fax: (506) 672-8762 E-mail: membershipservices@fitnessnb.ca

Informed Consent

The following form must be completed and forwarded with your registration to the Fitness NB office.

Name: _____

Address: _____

Family Doctor: _____ Tel: _____

The officers, staff and volunteers of Fitness New Brunswick, advise that if you are currently taking medications, have any physical ailment or you are otherwise not in physical condition suitable for activity, it could be injurious to you. You should seek medical advice regarding these matters before participating in the programs and activities at the Fitness New Brunswick Personal Training and Fitness Summit.

This document is a release of claims against any member, or representatives of Fitness New Brunswick and by signing it you:

1. Acknowledge that when performing exercise routines or engaging in similarly strenuous activity, you may suffer injury.
2. Represent to Fitness New Brunswick that you are in good health and physical condition and are not disabled, taking medication or suffering from a condition that would prevent you from engaging in such activities or make it potentially dangerous or harmful for you to engage in such activities.
3. Assume the risk of and release and hold Fitness New Brunswick harmless from any liability for any physical or other injury of harm suffered by you during or performing such routines or engaging in such other strenuous physical activity, and agree that Fitness New Brunswick shall not have any liability or responsibility for any such injury of harm.

I have carefully read, understand, and as an inducement to FITNESS NEW BRUNSWICK to allow me to participate in the programs and activities, agree to the foregoing.

Signature: _____

Date: _____