

FLY WITH ME

Diane McGrath Lokos

163 Sterling Rd. unit 113

416-807-1900

Registration form

Aerial Fitness

Student's name: _____ Age _____

Mailing address _____ Postal Code _____

Phone # home _____ cell _____

Medical Condition (if any) _____ email _____

Please list all old or new injuries:

Emergency contact: _____ Phone# H _____ C _____

Class name: _____ 7 week Session ____ Private ____ Sampler/ drop-in ____

Fee: _____ Including tax Amount enclosed _____ (please list the name & time of the class)

Payment :Interact E-Transfer, Cash or Cheque

Mailing Address– Diane Lokos 178 Wright Ave, Toronto ON M6R 1L2

Diane McGrath Lokos (FLY WITH ME) has a privacy policy with regards to collecting, using, retaining, disclosing and disposing of personal information. This policy is available at Diane McGrath Lokos Studio.

I consent to give Diane Lokos permission to gather personal information for the following purposes: Registration, in case of a medical emergency, when necessary for insurance coverage, managing insurance claims and conducting insurance investigations.

Signature of student _____ date _____

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Policies and Procedures

ATTENDANCE

Consistent attendance and full participation is important as the material presented in class builds from one week to the next. Missed classes are non-refundable.

ATTIRE

Please wear tight clothing that covers the backs of the knees, armpits, and lower back. Leggings are better than tights, yoga pants are fine. Be sure to bring a long-sleeved top **for some sassy moves!** Bare feet. **No zippers and buckles** are required for aerial classes. Jewelry is not allowed in class. We suggest that students bring water to drink.

REFUND POLICY

A full refund or credit note will be issued in the event of cancellation of a class due to insufficient enrolment.

One week prior to the start date of a class a 100% refund (minus a \$10.00 refund fee) After this time period a refund will be issued only with a written request and/or with a medical certificate.

CLASS WITHDRAWAL POLICY

Students who wish to withdraw must submit a request to withdraw from class notice two (2) weeks prior to withdrawal.

POLICY ACKNOWLEDGEMENT FORM

We, the undersigned, acknowledge that we have read and understood all items as outlined in the Policies & Procedures / Guidelines.

STUDENT NAME: _____ DATE: _____

STUDENT SIGNATURE: _____

RETURN signed copy to teacher.