



www.trinabytrina.com
416 788 2535
merchandise@trainbytrina.com

Registration Policies

General:

We accept cash, or cheque.

All payments must be paid in full prior to the start of a class or session.

Payment is non-refundable, unless we remove a class or workshop from the schedule in which you are a registered student. In this case, the amount pre-paid for the cancelled classes will be refunded in full. There is no refund on Personal Training sessions that are not used.

There is a \$20.00 charge for NSF cheques.

Group Class Registration:

All Train by Trina classes are pre-registered in 2-month sessions (approximately 8 weeks). If you join mid-session, class fees will be pro-rated based on the number of weeks remaining. Your space in the class is guaranteed while you are a pre-registered student.

Drop-in Classes:

Joining a Drop-in class is permitted if space is available. The fee for a drop-in class is \$20.00 paid to the instructor prior to class. If you are not registered in any other programs you will need to fill out a release wavier and medical history. Late entry will not be permitted, so arrive early to allow for this.

Group Class Make-up Policy:

We offer pre-registered students the opportunity to make up as many as 3 missed classes each session. Make up classes can be used at any other class per week. For example, if you are registered Tuesday at 10:00am, you can use up to 3 make up classes to attend any other class offered during the week. Make up classes cannot be credited towards future Tuesday 10:00am classes. As long as you are a *registered* student, you have 3 months from the time you miss a class to use your make-up classes.

For students who join mid-session, you can make up 2 classes out of a 5 or 6 class session. If you join with less than 4 classes remaining, you can make up 1 of those classes.

Workshops

Pre-registration is a must. Please arrive 10 minutes early.

Personal Training Cancellation Policy:

Cancellation must be made to Trina via phone (416 788 2535) or email (merchandise@trainbytrina.com) 24hr's in advance. At that time we will make arrangements to make up that appointment so you don't get off track!!

If 24hr notice is not given that session will be deducted from your package.

Your comments, suggestions and class requests are always welcome. We hope you enjoy your classes!



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Medical History

Name: _____ Sex: _____ Age: _____ Date: _____

Address: _____ Email: _____

Date of Birth: _____

Physician's Name: _____

Physician's Phone Number: (____)____ - _____

Person to contact incase of Emergency:

Name: _____ Phone: (____)____ - _____

Are you taking any medications? If so, please list medication and reason.

Does your physician know you are participating in an exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have had in the past:	Yes	No
1. History of heart problems, chest pain, or stroke	Yes	No
2. Increase blood pressure	Yes	No
3. Any Chronic illness or condition	Yes	No
4. Difficulty with physical exercise	Yes	No
5. Advice from physician not to exercise	Yes	No
6. Recent surgery (last 12 months)	Yes	No
7. Pregnancy (now or within the last three months)	Yes	No
8. History of breathing or lung problems	Yes	No
9. Muscle Joint or back disorders	Yes	No
10. Diabetes or thyroid condition	Yes	No
11. Cigarette smoking habit	Yes	No
12. Obesity (more then 20% over ideal body weight)	Yes	No
13. Increase blood cholesterol	Yes	No
14. History of the heart problems in immediate family	Yes	No
15. Hernia, or any condition that may be aggravated by lifting weights	Yes	No

Please explain any "yes" answers on the back.

Comments



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Release Wavier

“I _____, have enrolled in a program of strenuous physical activity including, but not limited to, traditional aerobics, instructed classes, weight training, stationary equipment use and the use of various aerobic-conditioning equipment offered by myself and Train by Trina. I herby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.”

“ In consideration of my participation in Train by Trina exercise program I, _____, for myself, my heirs, and assigns, hereby release Train by Trina and staff, from any claims, demands, and causes of action arising from my participation in the exercise program.”

“I fully understand that I may injure myself as a result of my participation in Train by Trina and staff’s exercise programs and I, _____, herby release Train by Trina and staff from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.”

Participants Signature

Date M/D/Y

I hereby affirm that I have read and fully understand the above.

Participants Signature

Witness Signature