



# REGISTRATION FORM

## Small Group Prenatal Fitness

Participant's Name: \_\_\_\_\_ 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 *Small Group Prenatal Fitness*? \_\_\_\_\_

What is your most important fitness desire for this prenatal class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You will need to provide a waiver from your healthcare provider stating you are cleared to begin an exercise program.

Dr's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

*For marketing purposes*

### CLASS SCHEDULE

Small Group Prenatal Fitness is held at i.d. gym,  
2727 N Lincoln Ave.

- Saturdays: 9:30am
- January  \_\_\_\_\_
- February  \_\_\_\_\_
- April  \_\_\_\_\_

### REGISTRATION:

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

**Active Moms' Club**  
2602 N. Wayne Avenue  
Chicago, IL 60614

Once you registration is confirmed, you will be sent a waiver form if you are a NEW participant of the *Active Moms Club*. **A waiver from your healthcare provider is required to participate.** Please bring waiver to first class, or have office fax to AMC: 773-687-9905

### CLASS PRICE:

- One class/weekly, 6-week session: \$149
- One class/weekly, 12-week session: \$259

*Advanced registration is required and space is limited to the first five women. We reserve the right to cancel class without sufficient attendance, minimum three women.*

### QUESTIONS —

Call: 773.687.9905

Email: [info@activemomsclub.com](mailto:info@activemomsclub.com)

Visit: [www.activemomsclub.com](http://www.activemomsclub.com)