TWIST SPORT CONDITIONING PORTLND
11015 SW Capitol Hwy. Portland, OR 97219
TEL: 503.208.3458 • FAX: 503-208-3450
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Adult & Youth WINTER PROGRAM 2011 (Jan 3 – April 3) REGISTRATION FORM

Full Name			
Street Address			
City		**State:**	**Zip:**
Phone	( ) -	**DOB:**	
E-mail		**Receive Newsletter:**	**Yes / No**

Session	Program	Day	Time
1.			
2.			
3.			
4.			

ADULT PROGRAMS – 13 Weeks 1/week = **$390,** 2/week = **$650**, 3/week = **$780**, 4/week = **$1040**	$
ADULT TFL/TFB – 13 Weeks 1/week= **$260,** 2/week = **$390**, 3/week = **$585**	$
YOGA SPORT – 13 Weeks 1/week = **$195**	$
YOUTH PROGRAMS - 13 Weeks 1/week = **$390**, 2/week = **$650**, 3/week = **$780**	$
KID'S SPORT 13 Weeks 1/week = **$325**, 2/week = **$520**	$
Testing Combine Pre Test = **$50**(Jan 9), Post Test = **$50**(April 3), Both Tests= **$90**	$
Functional Assessment - $85	$
Intro to Sport Conditioning (New Members Only) - **$50**	
SUB-TOTAL	= $
Discounts **Early Bird** **Family Discount** **New Member Free Intro**	- $
GRAND TOTAL	= $

Visa/Mastercard: _____ _____ _____ _____ **Expires.**_____ **Verification #:** _____

Payments: 1st_____ **2nd**_____ **3rd**_____ **Billing Zip**_____

TERMS & CONDITIONS - Please read carefully

- All participants must submit an **Intake and Par-Q form**.
  See **http://www.twistportland.com/train/registration-information.aspx**
- **CANCELLATION/REFUND POLICY : 1)**Written Cancellation 14 calendar days prior to start date of program= Full refund minus 10% administration fee of full program price. **2)**Inside 14 calendar days prior to start date - Refund less 20% administration fee of full program price. **3)**No refund once program has commenced. In the case of an injury or major illness, the participant will be granted a credit for future sessions.
- **SESSION POLICY : 1)** All sessions need to be paid in advance before any training begins. **2)** All sessions will begin at the scheduled time. No refund or credit will be granted if you are late or if you miss a session. **3)** You agree to inform your coach of any conditions or changes in your health at any time while participating in the Program, which might affect your ability to train safely and with minimal risk of injury.

I agree to the above terms: **Name:**_____ **Date:** _____

Signature:_____