

MOORE WILTON CENTER REGISTRATION FORM

Classes and Services — Wellness / Sports / Fitness

Please complete and return this form by fax, mail or in person to register for classes and programs at the Moore Wilton Center, 37 Danbury Rd., Wilton, CT 06897. Fax: (203) 762-3335.

Or call **(203) 762-2903** to register by phone or obtain more information.

Name _____

Adult Youth Youth's date of birth _____ Youth's grade in school _____
Name of youth's parent _____

Address _____

City / State / Zip _____

Phone: Home _____ Mobile _____

Email: _____

Person to contact in case of an emergency if no one is at your home phone number:

Name _____ Phone _____ Relationship _____

Registration for the following classes or services:

1 _____ Section _____

2 _____ Section _____

3 _____ Section _____

If you are purchasing a Moore Package, you will receive a complimentary Functional Movement Evaluation. What days and times would be most convenient? Please give us a few options:

What are your Sports/Fitness/Wellness goals?

Do you exercise regularly? Yes No

If Yes, what is your primary activity? _____

Have you had any recent injuries? _____

Is there any additional information that might affect your training? _____

Payment information: Check enclosed
 Bill my credit card Visa Mastercard

Card number _____ Exp. Date _____

Cardholder's name _____

Billing address _____

City/State/Zip _____

Authorized signature _____

How did you hear about us?

Internet search Advertising _____

Flyer/brochure/mailling Physician _____

Friend/word of mouth Other _____

Cancellation and rescheduling policies - This section must be completed with Moore staff member.

I am committing to 3 sessions per week over _____ weeks with the ability to cancel and reschedule up to _____ sessions. All _____ sessions must be used by _____.

I am committing to 2 sessions per week over _____ weeks. All sessions must be used by _____.

I am a Total Health client, my program expires on _____.

Client signature _____