



IKIER WELLNESS

Osteofitness and Massage Therapy

Osteofitness™ Registration Form

Contact Information

Name (Printed) _____

Date _____ Date of Birth _____ Sex _____

Address _____ Town _____

Zip Code _____ Email Address _____

Phone (cell) _____ Phone (home) _____

Phone (work) _____

Emergency Contact Information

1. Name _____ Relationship _____

Phone _____ Email Address _____

2. Name _____ Relationship _____

Phone _____ Email Address _____

Physician Information

Name _____ Phone _____

Address _____ Town _____

Zip Code _____ Medical Referral YES NO

If yes, name of medical professional _____

Additional Information

How did you hear about Osteofitness™? _____

Conditions that may interfere with my participation in Osteofitness™ _____

I have been diagnosed with OSTEOPOROSIS OSTEOPENIA OTHER

Class Information

I am signing up for the 11AM Tuesday-Thursday Zoom Class

12:30PM Tuesday-Thursday Live Class

4PM Tuesday-Thursday Zoom Class

Payment Information

I agree to pay the amount of \$352 to the Ikier Wellness Center in exchange for sixteen classes of Osteofitness™. These fees are non-refundable, and balance cannot be transferred to another individual. Any discrepancies about payment shall be handled by the Ikier Wellness Center on a case-by-case basis. By signing this document, I acknowledge that I have read and understood this payment policy.

Signature _____

Date _____

