



**GYROTONIC®**  
**Intro Group 4 Class Series**  
**September/October 2010**  
**With Certified Trainer Margaret Connelly**

26 Seventh St., 4<sup>th</sup> Fl.  
San Francisco, CA 94103  
Tel: 415-863-3719  
Fax: 415-869-1001  
info@sfgyrotonic.com  
www.sfgyrotonic.com

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (cell) \_\_\_\_\_ (home): \_\_\_\_\_  
E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Cost: \$125**

**Dates: Sundays 9/12, 9/19, 9/26, and 10/3**

**Hours: 12:30pm to 1:45pm**

SF GYROTONIC® is excited to be able to offer you this Class Series at a very big discount. The only way we can offer this class for so little money, is if all attendees agree to the following:

Please initial next to each item:

\_\_\_\_\_ I understand that this class includes the four classes listed above plus one semi-private GYROTONIC® session to be used before 12/3/2010.

\_\_\_\_\_ It is my responsibility to attend all 4 classes and my Semi-private session. I know that if I miss one or more of these sessions, there are no "make-up" sessions available. Students are always welcome to make regular appointments with our trainers to work on material to supplement this class for an additional fee.

\_\_\_\_\_ In order to save my spot in this class, I will send this registration form completed along with payment. Spots will be reserved on a first come first served basis, when my payment is received in full. (Checks payable to SF GYROTONIC®)

\_\_\_\_\_ I understand that the cost of this class is nonrefundable, nontransferable, and cannot be used for any other purpose than this Intro Group Class Series.

**Questionnaire:**

What physical activity do you do on a daily basis?

\_\_\_\_\_

Do you have any injuries or weak areas of the body? If so, please describe them.

\_\_\_\_\_

What objective would you like to achieve through this system?

\_\_\_\_\_

I, \_\_\_\_\_, understand that I alone am responsible for any accidents or injuries that occur during my session. Neither San Francisco GYROTONIC® nor its employees will be held liable for any injury sustained in the process of my workout on or off the equipment. I acknowledge that I have read and completely understand this statement and its contents. All questions I have regarding this statement have been answered to my satisfaction and comprehension.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_