



Zoom~Fit Registration

Office Use Only

Entered DB: _____

Confirmed: _____

PAD begins: _____

Notes: _____

Email: h2ofit@rogers.com
 Tel: (647) 449-0043
 Website: h2ofit.com



1. Complete and sign this form (**please print clearly**).
2. Complete **Payor's PAD Agreement** and **ParQ** form (download and print from H2O~Fit website).
3. Scan completed and signed forms and a void cheque (or take a picture of them), and email to **h2ofit@rogers.com**.

Participant Information

First Name: _____

Last Name: _____

Telephone: _____

Email: _____

How did you hear about us?

Word of mouth

Facebook

Internet search

Returning client

Other _____

Zoom~Fit Class options

- One class per week (\$29/month-including H.S.T.)
- Unlimited classes per week (\$59/month-including H.S.T.)

Details of pre-authorized debit (PAD) plan:

The PAD Plan Agreement authorizes our financial institution to withdraw fees (indicated above) from your financial institution on the 1st of each month (attach a blank personal cheque marked "void"). Your blank cheque will provide your account information for processing each monthly debit.

Important Note: Withdrawal from the H2O~FIT program requires written notice by the 15th day of the previous month prior to the next month's debit (written notice by mail or email is acceptable).