

# Training Center Registration Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best class times for me are: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Years of cycling: \_\_\_\_\_ Years of NOT cycling: \_\_\_\_\_

My biggest cycling challenge/problem is: \_\_\_\_\_

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<b>Fees:</b>	<b>\$7 Per Class</b>	<b>\$3 Per Class Trainer Rental</b>
	<b>\$40 per month/unlimited classes</b>	<b>\$60 per month with trainer</b>
	<b>\$175 per 5 month/unlimited</b>	<b>\$275 per 5 month with trainer</b>

*Classes begin Monday, November 2, 2009*

**The Training Center is conveniently located in the  
Plano Cycling & Fitness SuperCenter**

*ALL participants should be ready to ride at the scheduled time.*

## Acceptance of Risk:

I, \_\_\_\_\_, the undersigned, understand that I should consult with my physician before participating in this program. I also understand that with participation in any exercise program or athletic activity, there is an inherent risk of personal injury. I am willing to accept this risk and with my signature affirm that I will do everything possible to minimize that risk.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

Please mail this completed registration form with your check (payable to Bikin' Mike) to:



**Bikin' Mike, 617 18<sup>th</sup> Street, Suite 104, Plano TX 75074**