in2balance

exercise for balance...steady for life

133 East 58th Street, Suite 401, New York, NY 10022 • (212) 754-6557 • susan@backintobalancenyc.com

CLASS REGISTRATION

Date: _____

Name (please print): _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone (home): _____

Telephone (cell): _____

Email: _____

Emergency Contact: _____

Physician Name / Contact: _____

Past Medical and Surgical History: _____

_____

_____

Recent Medical or Orthopedic Problems: _____

_____

_____

What goals would like to achieve by taking this class? _____

_____

Is there an area of your body that requires special attention? _____

_____

Have you been experiencing a loss of balance or had any falls? If so, please explain _____

_____

Are you currently taking any medications? If so, please list _____

_____

Favorite Musical Artists / Songs: _____

_____

Payment Method: Cash _____ Check _____ Credit _____

Please complete the information below:

I, _____ , authorize **BACK INTO BALANCE** to charge my
(full name)

credit card account indicated below for _____ on or after _____.
(amount) (date)

This payment is for _____.
(description of goods/services)

Please complete, if different from above:

Billing Address: _____

City, State, Zip: _____

Telephone: _____

Account Type (circle one): Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2: (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Please submit completed form by fax to (212) 202-5414 or mail to address above.

in2balance classes are run by: BACK into BALANCE physical therapy

exercise with intention