

Stroller Mamas Fitness, LLC
Membership Renewal Form



Always consult your healthcare provider before beginning this or any exercise program.

Please download and/or print this form. Mail your completed application along with your membership fee (checks should be made payable to "Stroller Mamas Fitness, LLC") to:

Stroller Mamas Fitness, LLC
P.O. Box 96
East Northport, NY 11731

If you have any questions please feel free to contact us by email at information@strollermamasfitness.com or by phone 631.245.0559

Name: _____

Date: _____

Type of Membership (check one)

- | | |
|--|----------------------------|
| <input type="checkbox"/> Unlimited Monthly | \$69 (includes sales tax) |
| <input type="checkbox"/> 10 Class Pass | \$110 (includes sales tax) |
| <input type="checkbox"/> Other | _____ |

Please answer the following questions:

1. The Stroller Mamas Fitness Program is helping to meet my fitness goals.
 Yes
 No (if no, please explain) _____
2. The Stroller Mamas Fitness Program meets the needs of my baby.
 Yes
 No (please explain) _____
3. The instructors are enthusiastic and motivating
 Yes
 No (please explain) _____
4. I would recommend the Stroller Mamas Fitness Program to friends and family.
 Yes
 No (please explain) _____
5. I would be interested in becoming a certified Stroller Mamas Fitness Instructor.
 Yes
 No
6. Feel free to give us further feedback to help improve our program: _____

Please note:

*Returned check fee \$25

*A doctor's note will be required to terminate any membership. In the event that a membership must be terminated, the participant will be charged a \$45 administration fee.

*All strollers, with the exception of umbrella strollers, are suitable for classes.

The Stroller Mamas Fitness Program is not designed to be used by participants prior to receiving clearance from their health care provider. Instructions and advice are not intended as a substitute for medical counseling. The creators, instructors, and participants of the Stroller Mamas Fitness program disclaim liability or loss in connection with the exercise and advice herein. Stroller Mamas Fitness, LLC reserves the right to make changes to its policies and program at any time. Signature on this form states that the participant has read and agrees to above terms and assumes full responsibility for themselves and their child (children).

Signature _____

Date _____