

FITNESS PROFILE SDN BHD (304464T)

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COURSE APPLICATION

First name: _____ Family name: _____

Date of birth: _____ Sex: _____

Mailing address: _____

_____ e-mail: _____

City: _____ Postcode: _____ Fax: _____

Tel: _____ (hm) _____ (wrk)

_____ (mobile)

Related professional qualifications and/or experience:

Course	Dates			Fees (RM)
<input type="radio"/> Core Foundation	25-28 Jan	25-28 April	26-29 Sept	1400.00
<input type="radio"/> Aerobics & Group Fitness Instructor	23-25 Feb	26-28 July	20-22 Dec	1200.00
<input type="radio"/> Fitness Instructor	22-24 March	23-25 Aug	27-29 Dec	1000.00
<input type="radio"/> Personal Trainer	-	21-23 June	18-20 Oct	1000.00
<input type="radio"/> Aqua Fitness Instructor	-	24-26 May	22-24 Nov	1200.00
<input type="radio"/> Reebok Martial Arts	TBA	TBA	TBA	250.00
<input type="radio"/> Reebok Final Cuts	TBA	TBA	TBA	250.00
<input type="radio"/> Reebok Flexible Strength	TBA	TBA	TBA	250.00
<input type="radio"/> Reebok Step	TBA	TBA	TBA	250.00
<input type="radio"/> Exam (theory/practical)	5 Jan	3 May	6 Sept	150.00
<input type="radio"/> Fitball: Basic/Sports Core/Kids	Contact: Email: info@gymncare.com , young@gymncare.com Tel: +60-3-80709166 Mobile: +6012 2217027			
<input type="radio"/> Fitball Roller				
<input type="radio"/> Gymstick				
<input type="radio"/> Be-Balanced				

Dates are subject to change

Registration deadline: 1 month prior to course commencement to facilitate date confirmation.
Fee payment: 50% upon registration, full 2 weeks prior to course commencement.
Cancellation: In the event of cancellation by student, a 10% charge will be imposed

PARTICIPANT'S RELEASE

I do hereby release Fitness Profile S/B, FISAF, their Presenters and all employees, venues and licensees of the foregoing, from any and all claims or damages arising out of or in connection with my participation in the Courses and in any way whatever, including but not limited to, my participation and my travel to and from these Courses. I also certify that fitness is a sport that involves risks and I hereby assume all risks of injury on account of my participation in the Courses and agree to hold all foregoing parties harmless in connection herewith. Further, I agree to waive any and all claims relating to the physical area of the Courses.

_____ Signature

_____ Date

_____ Name

_____ IC no.