



## **Application for Extreme Survivor Enrollment**

### **Overview**

Extreme Fitness is the first ever North American Fitness Company to offer Blood Cancer Survivors complimentary memberships, nutritional counseling and Personal Training Support.

Extreme Survivor memberships include the following features:

- ✓ 1- complimentary VIP membership for life
- ✓ 2- personal training sessions with one of our Extreme Ambassadors
- ✓ A discounted rate on all additionally purchased personal training sessions
- ✓ 1- free nutritional consultation
- ✓ A discounted membership rate for one workout buddy

### **Criteria for Enrolment**

The Extreme Survivors Heart and Music program is open to all individuals who are undergoing treatment, or who have undergone treatment for any type of cancer, AND were in attendance at the Heart & Music Benefit Monday November 28<sup>th</sup> 2010. In order to be enrolled into the Extreme Survivors Program, Extreme Fitness requires the following documentation from the patients Oncologist or Medical Practitioner:

- ✓ A letter which briefly describes the members medical condition (ie. the type of cancer that the member has)
- ✓ The letter must also state that the patient is safe to participate in an unsupervised exercise program
- ✓ Please include documentation of any physical restrictions or specific physical limitation(s) that should be followed by the patient during exercise.
- ✓ Photocopy of your Heart & Music ticket OR Program advertisement

**Thank you for your interest in the Extreme Survivors Program.  
Please continue to the next page to complete your application.**



## Application for Enrollment

Please complete the below application, attach the letter from your doctor, and email or fax all pages to [extremesurvivors@extremefitness.info](mailto:extremesurvivors@extremefitness.info). All faxes can be sent to 905.709.2960. Please make attn. to Jonathan Page re. Extreme Survivors Program. You will be contacted by phone once your application has been processed.

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

Phone # (day): \_\_\_\_\_ Phone # (eve.): \_\_\_\_\_

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

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

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Please select the club that you are interested in joining? (Please visit [www.extremefitness.info/locations](http://www.extremefitness.info/locations) to view all of our club locations)

- |            |                          |             |                          |                  |                          |
|------------|--------------------------|-------------|--------------------------|------------------|--------------------------|
| Whitby     | <input type="checkbox"/> | Delisle     | <input type="checkbox"/> | Yonge and Dundas | <input type="checkbox"/> |
| Pickering  | <input type="checkbox"/> | Dunfield    | <input type="checkbox"/> |                  |                          |
| North York | <input type="checkbox"/> | Thornhill   | <input type="checkbox"/> |                  |                          |
| Danforth   | <input type="checkbox"/> | Richmond    | <input type="checkbox"/> |                  |                          |
| Cedarbrae  | <input type="checkbox"/> | Wellington  | <input type="checkbox"/> |                  |                          |
| Bloor      | <input type="checkbox"/> | Interchange | <input type="checkbox"/> |                  |                          |

Please do not submit this enrollment form until you obtain a letter from your Oncologist/ Medical Practitioner. We will contact you once your application has been reviewed.

Yours in Health and Fitness,

*Jonathan Page*  
Coordinator-Extreme Survivors