

Groupon Class Promotion - 2017

Instructions

Welcome to Varsity Natural Health Center! Thank you for purchasing our Groupon class promotion. To redeem and schedule your classes, please follow the steps below:

- *Go to our website and click the Class Registration button on the home page.*
- *Create a new account by clicking the "Sign up!" link at the top right.*
- *Fill out all of the required fields. Telephone number format is (xxx) xxx-xxxx. This information replaces the paper Intake Form.*
- *Sign up for classes by using the "Sign Up Now" button for the class of interest.*
- *For your first class, select the Groupon payment option you purchased.*
- *Apply Promotion Code GR2017VNHC to reduce the payment amount to zero. The promotion code can only be used once per account. If you purchased for someone else, they will need to set up their own account to be able to use the promotion code.*
- *Complete the Checkout by Placing the Order.*
- *You can view and cancel classes in "My Schedule" under "My Info".*
- *Subsequent class enrolment will be automatically deducted from your class pass.*

What to Bring to Your First Class

- *Groupon voucher number.*
- *Completed General Medical Intake Form on page 2 of this PDF.*
- *Comfortable socks or yoga socks to wear in the studio for all classes.*
- *A yoga mat for yoga classes and a hot yoga towel / bathroom towel for all other classes.*

Parking and Directions

- *Parking available in adjacent Shaganappi Village Centre and limited parking in front of Provident Professional Building. We are located on the main floor of Provident Professional Building. Enter the building, continue behind the stairs and down the hallway to the double glass doors on the left.*



General Medical Intake Form

General medical information is collected for the purpose of providing massage therapy and other private treatments, classes, and Workshops. All information held is strictly confidential. Varsity Natural Health Center Privacy Policy is available upon request.

General Medical Information (Please Print or Fill Online and Email)

Name First _____ Last _____

Date of Birth _____
(day) (month) (year)

Service to be Provided (classes, massage therapy, counselling, reflexology)

Purpose of Visit _____

Current Medical Concerns

Pain: Describe Briefly _____

Surgery: What for? When? _____

Cancer: past or present / What kind? _____

Anxiety Arthritis Diabetes FM / CFS Blood Pressure

Fainting Stroke Heart Attack Epilepsy Stress

Pregnant: How many months? _____

Areas of discomfort? _____

Exercise _____

Other _____

Are you currently taking prescription medication? Yes No For what conditions?

Are you receiving other treatments/therapies? Yes No Which ones?

Your Consent

I have provided complete and accurate information to the best of my knowledge. I understand this information is strictly confidential and I consent to receiving massage therapy/private treatments and/or participate willingly in classes and workshops at Varsity Natural Health Center.

Signature _____ Date _____