| PSA | |
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Sign-In Sheet for Un Asunto de Equilibrio

| Date(s): | Phone: |
|----------------------|-------------------------------------|
| Start Time:End Time: | Funded by: |
| Location: | #of Participants : # of Completers: |
| Address: | Name of Instructor(s): |

PARTICIPANTS - Before beginning any exercise program it is recommended you consult your physician. If any part of the program conflicts with your doctor's advice and recommendations, follow your doctor's instructions. Participants of this program do so at their own risk.

| | | | Number of Sessions | | | | | | | |
|---|--------------|-----------|--|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | Insert date (for example 1/22 in space below each session) | | | | | | | |
| # | Printed Name | Signature | | | | | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

| | | | Number of Sessions | | | | | | | | |
|----|--------------|-----------|--|---|---|---|---|---|---|---|--|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | | Insert date (for example 1/22 in space below each session) | | | | | | | | |
| # | Printed Name | Signature | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
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| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |