EMPLOYEE TRAINING - SIGN OFF SHEET / HOURS

Employee Name: _____



E-mail address :		Phone Number:	
0 4 4	Ob - d		
	. Shadow work & Teach	ning assistance Reformer Pilates & comply with health and safety regulations and	
facility po		tolorinoi i nates a sompty with noathrana salety regulations and	
DATE	NOTES		
DAIL	NOTES		

[.] Fernwood Fitness is not liable for any injuries to the member/ staff in use of our facilities ir participation of activities. Fernwood Fitness reserve the rights to alter any activity.