

Yoga Program Registration

Slater Public Library

PARTICIPANT NAME: _____

BIRTHDATE: _____

ADDRESS: _____

EMAIL: _____

PHONE #'S: HOME _____

CELL _____ TEXTING? – YES / NO

EMERGENCY CONTACT: NAME _____

PHONE _____

MEDICAL AND/OR OTHER CONDITIONS STAFF SHOULD BE AWARE OF?

MEDICAL INSURANCE CARRIER: _____

I UNDERSTAND THAT THERE IS SOME INHERENT RISK INVOLVED WITH THIS ACTIVITY AND THAT NOT ALL INJURIES CAN BE PREVENTED. THEREFORE, I DO HEREBY WAIVE, RELEASE, AND AGREE NOT TO HOLD THE SLATER PUBLIC LIBRARY, SPONSORS, SUPERVISORS, CITY OF SLATER, EMPLOYEES OR OFFICIALS, OR ANY VOLUNTEERS LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY, AND GRANT MY PERMISSION FOR ANY PICTURES TAKEN TO BE USED BY THE LIBRARY FOR PROMOTIONAL PURPOSES.

NAME _____ DATE _____

Parent signature if under 18 _____ DATE _____

RETURN REGISTRATION FORM TO MAIN DESK PRIOR TO FIRST TIME ATTENDING

FEE: FREE

RECOMMENDED MATERIALS: YOGA MAT OR BEACH TOWEL, BOTTLE OF WATER, COMFORTABLE CLOTHING