

OLD LYME
PARKS AND RECREATION
YOGA
2015-2016
REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

ADDRESS _____

PHONE NUMBERS IN CASE OF EMERGENCIES

HOME _____ WORK _____ OTHER _____

RELEVANT MEDICAL INFORMATION

I HEREBY WISH TO PARTICIPATE IN THE PARKS AND RECREATION PROGRAM LISTED ABOVE AND GIVE PERMISSION FOR ALL PARKS AND RECREATION EMPLOYEES TO ACT AS NEEDED IN CASE OF EMERGENCIES. BY SIGNING THIS FORM I UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURIES INCURRED.

SIGNATURE _____

_____ SESSION 2 JAN 13, 20, 27, FEB 3, 10, 17, 24, MAR 2 2016
(8) WEEKS / FEE \$80
DROP-IN FEE \$15 PER CLASS

WEDNESDAYS 3:45-4:45 PM
MILE CREEK SCHOOL LIBRARY / MEDIA CENTER

PLEASE MAKE CHECKS PAYABLE TO
"OLD LYME PARKS AND RECREATION"

***** THIS SECTION TO BE COMPLETED BY OLD LYME PARKS AND RECREATION *****

AMOUNT PAID _____ CHECK # _____ CASH _____