

OLD LYME PARKS AND RECREATION
YOGA
2011 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 1 SEPT 14, 21, 28 OCT 5, 12, 19, 26

FEE \$56 PER SESSION (7 CLASSES)
(DROP IN FEE \$10 PER CLASS)
WEDNESDAYS 7:00-8:15 PM
CENTER SCHOOL GYM

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

AMOUNT PAID _____ CHECK # _____ CASH _____