REGISTRATION FORM (Please Print) (YOGA)

Personal Information

Student's First Name _____ Last Name _____

Birthday (MONTH, DAY, YEAR) _____ Sex (F, M) _____

Street Address _____

City _____ Postal Code _____

( ) _____ Phone _____ Emergency # _____

E - mail _____

Your experience: _____

Do you have any medical issues that may affect your participation in this class? If so, please provide details.

_____

Fall YOGA Fees * (check one)	
1 Class Pass	☐ $10
1 Class Family Pass	☐ $10 /adult + $5 /child
Fall Session (12 Classes)	☐ $105

*** A complimentary class will be provided for NEW members.**

Cost of Program Class Fee $ _____ . _____

Paid by:

☐ Cash ☐ Interac ☐ Visa / MC ☐ _____ Other

We'd like to know how you heard of us ...

☐ Newspaper ☐ Flyer ☐ Word of Mouth ☐ Other

Amateur athletic waiver: In consideration of being allowed to participate at STARS Fitness & Gymnastics with regards to athletic/sports program, related events and activities, the undersigned individual acknowledges, appreciates, and agrees that:

1. As in any sport the possibility of injury exists, and where particular rules, equipment, and personal discipline may reduce the risk, the risk of injury does exist.
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately.

Publicity: STARS Fitness & Gymnastics periodically uses photos of gymnasts for its ads, web page or other forms of publicity. I give approval for such photos of the gymnast registered above to be used in this manner.

Signature of Parent / Legal Guardian or participant if 18 or older _____ Date _____