



Calming Yoga registration form

Dates: April 4, 11 • May 2, 9, 16, and 23 • June 13

Location: Mt. Olive Senior Center (by the Mt. Olive Library)

Time: Saturday mornings, 10:30-11:15 am

Fee: \$80 • **Ages:** 5 and over

Students will be allowed to borrow yoga mats during class or he/she may bring their own.

Parent Information Packet is available online at www.peakgroup.org and must be completed by the first class. Returning students must review and update the form if necessary.

Parent's First Name : _____ Last Name: _____

Student's First Name : _____ AGE: _____ Sibling discount: \$45

Description of student's disability and any medically relevant information (please use the back of this form if necessary): _____

Address: _____ City: _____ STATE: _____ ZIP: _____

Home Phone: _____ Cell: _____

E-mail (use for correspondence between coach/instructor and participants): _____

If you can not be reached via the phone numbers listed above, we will attempt to reach the emergency contact you list below.

Emergency Contact: _____ Emerg. Phone: _____

PLEASE READ CAREFULLY

Checks returned for insufficient funds will require an additional \$20 processing fee, in addition to cash or money order payment for the program. You will be contacted via email if there is a change in schedule or if the program/class is cancelled due to lack of enrollment. If no email address is provided, you will receive a phone call. If inclement weather prevents practice, it is up to the discretion of the instructor as to when/where make-ups will be. Refunds are only issued if the program is cancelled, otherwise a credit will be issued for a future Recreation sponsored program. Your cancelled check will serve as your receipt.

As in any activity, there are inherent risks, and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity.

Signature: _____ Date: _____

This student's photo may be used in:

- training/workshop slides printed materials such as brochures, flyers & newsletters advertisements photo not to be used

Completed Registration Forms can be mailed/dropped off with your payment to the address listed below. Please make Checks Payable to "Mt Olive Recreation".

Drop off at the Recreation Dept. Mon.-Fri., 8:30am-4:30pm
Mail to: Township of Mt Olive, Recreation, PO Box 450, Budd Lake NJ,07828

Registration Deadline: 3/27/09
(All forms and payment must be received prior to the first class.)

For Office Use

Receipt # _____

Cash: _____

Check _____

Initials: _____