

Spring Lake Recreation Yoga Program

REGISTRATION FORM

Name _____

Address _____

Phone Number _____

Emergency contact name/phone no. _____

Please advise your instructor of any physical/medical condition that may affect your ability you to fully participate in this class.

Fee: circle one

8-week session once a week ----- \$120

Choose one: Monday _____
Wednesday _____

8 week session twice a week ----- \$200

Please make checks payable to Spring Lake Recreation.

Liability Release

As a participant in the Spring Lake Recreation Yoga Program, I agree to assume all risks associated with same, and also agree that if I am injured in any way, including death, as a result of my participation, that I will not bring suit against, but will hold harmless the Borough of Spring Lake.

Signature _____ Date _____

Questions? Call Kathy Heine 732-449-0166