

Yoga

"Instructions: Complete the Waiver, Parent/Guardian and Student information for ALL registrations. Complete the section(s) pertaining to the activities in which you would like to register the participant. "

"I waive and release all members of the City Council, employees of the City of Clarinda and anyone involved in this program from any claim or liability in the event of injury. Myself and my child is in good physical condition and capable of understanding a strenuous recreation program with the following exceptions:

In case of emergency, such medical treatment as is deemed necessary by qualified personnel is authorized and will be paid for by me or my insurance company."

Parent or Guardian: (PRINT) _____

Home Phone: _____ Cell #: _____ Email: _____

Signature: _____ Date: _____

In case of emergency and I cannot be reached, please notify:

Name: _____ Phone: _____

Participant Information - Child

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Sex: M F

Participant Information - Adult/Parent

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Sex: M F



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