

# YOGA REGISTRATION 2018

ONLY ONE REGISTRANT PER FORM

1. **Please fill out a separate form for each participant.**
2. Submit completed registration form along with payment by check payable to:  
Loyalsock Township Recreation, 1607 Four Mile Drive, Williamsport, PA 17701. DO NOT send cash!  
Registration will not be processed without **ALL** requested information, signature, and payment.
3. There is a \$10.00 fee to process any refund. All refunds must be approved by the Recreation Director.

## SESSION I

Riverfront Park (Pavilion Area)  
Dates: August 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup> & Sept. 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup> (Thursdays only)  
Time: 6:00pm – 7:00pm  
Fee: \$40.00 Resident; \$50.00 Non-Resident  
Deadline to Register: August 14, 2018

## SESSION II

Loyalsock Recreation Center  
October 4<sup>th</sup> – November 8<sup>th</sup> (Thursdays only)  
Time: 6:00pm – 7:00pm  
Fee: \$40.00 Resident; \$50.00 Non-Resident  
Deadline to Register: October 2, 2018

Please bring a mat or blanket and a towel.

### Circle Session Choice:

**I - Riverfront Park: Aug 16<sup>th</sup> – Sept 27<sup>th</sup> (No Class on Sept 6<sup>th</sup>)**

**II - Loyalsock Recreation Center: Oct 4<sup>th</sup> – Nov 8<sup>th</sup>**

### PARTICIPANT'S INFORMATION PLEASE PRINT

PARTICIPANT'S  
NAME: \_\_\_\_\_ AGE ON 1<sup>ST</sup> DAY OF PROGRAM \_\_\_\_\_  
(last) (first)

DATE OF BIRTH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### MEDICAL INFORMATION

List any physical condition, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition (no medication will be given by staff members during the program):

Condition: \_\_\_\_\_ Rx: \_\_\_\_\_ Restriction: \_\_\_\_\_

Condition: \_\_\_\_\_ Rx: \_\_\_\_\_ Restriction: \_\_\_\_\_

Allergies to food or medication: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Please Complete Reverse Side

