

# Pilates

Office Use Only  
Ck# \_\_\_\_\_  
Date: \_\_\_\_\_

Date: Rolling Program (Look for schedule online)  
Location: Jamestown Country Club  
Cost: \$60.00 for 5 sessions  
Instructor: Mary Beth Murphy

\_\_\_\_\_  
First Name Last Name Grade

\_\_\_\_\_  
Parent/Guardian Email

\_\_\_\_\_  
Street Address Phone Number

\_\_\_\_\_  
Emergency Contact Person Other Than Person Above Phone Number

## Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of prior to your child's participation in this program?

\_\_\_ YES IF YES \_\_\_\_\_  
(Please specify)  
\_\_\_ NO

## **Pilates Waiver Form WAIVER OF LIABILITY FORM**

For participants in the Jamestown Recreation Department Pilates exercise class: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Pilates exercise class, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to my child while participating in the Pilates exercise class, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

**Please make checks payable to Jamestown Parks and Recreation  
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835**