Office Use Only
Ck#_____
Date:_____

Mellow Vinyasa and Yoga Classes

Date: Rolling Program (look for schedule online)
Location: Jamestown Country Club
Cost: $60.00 for 5 sessions
Instructor: Kim Chandler

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

Mellow Vinyassa and Yoga
WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department Mellow Vinyassa and Yoga 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 Mellow Vinyassa and Yoga 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 Mellow Vinyassa and yoga 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 0283