



The Town of Holyrood "Fit, Create, Motivate" Registration Form Winter 2012

Personal Information

Participant name: _____ Home Phone number _____

Cell Number _____ Email address _____

Medical Information

MCP #: _____

Please list any additional information (allergies, asthma, disabilities), which may impact your ability to participate in any program:

In case of an emergency, staff should contact:

1. Name: _____ phone number: _____

Waiver: I understand that I am partaking in a recreation program with the Town of Holyrood. I understand that the Town of Holyrood and its representatives will not be liable for any loss, accidents or injury incurred during my participation in activities.

Participant Signature: _____ Date: _____

PLEASE CIRCLE BELOW THE COURSES YOU WISH TO REGISTER FOR

Wednesday Yoga 8:00-9:00pm \$40.00

Thursday Boot camp 8:00-9:00 pm \$40.00

Total Cost _____ Receipt # _____