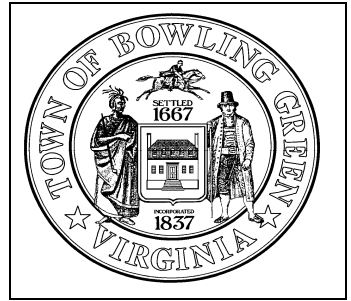


# Activities Program Registration Form



FORM REVISED: August 13, 2010  
All Previous Editions are Obsolete

Month _____
Date _____
Payment _____

This form shall be used to register individuals for participation in classes and activities which are offered as part of the Activities Program held in the Town Hall, Town of Bowling Green located at 117 Butler Street. Registration forms and fees may be submitted at Town Hall during regular business hours prior to the first class. Payment of fees is required in order to register for programs unless otherwise stated in the program offering. Individuals are expected to attend the classes and activities for which they register and pay. There will be no refund of fees if a class is held and a registrant is unable to attend for any reason. There will be no prorated fees after the first class is held if all fees are due upfront. Some classes or activities may allow payment of fees on a class, weekly, or monthly basis. Any changes or modifications to these policies will be stated in the program offering. Interested persons are encouraged to register and pay the required fees as early as possible to ensure there are a sufficient number of participants to justify holding the class or activity.

<b><u>Applicant</u></b>	_____	_____
	<b>Name (Print)</b>	<b>Daytime Telephone Number</b>
	_____	
	<b>Physical Home Address</b>	
	_____	
	<b>Complete Mailing Address</b>	
	_____	
	<b>Email Address</b>	

## PLEASE READ AND SIGN THE WAIVER BELOW

In registering as a participant for this class or activity, I affirm that my general health is good and that I am not adversely affected by exercise or the type of activity for which I am registering, and that I am capable of performing the type of activity for which I am registering. In consideration of participating in this activity, I do hereby assume all risk of any injury and will indemnify and hold harmless from any and all liability, actions, causes, claims and demands of every kind and nature whatsoever that I have or which arises from or in connection with my participation in this activity, the Town of Bowling Green and any of its elected or appointed officials or personnel, agents, officers, employees, staff, volunteers, contractors or successors. It is likewise assumed and agreed that the participant will wear proper clothing and protective equipment during the activity or class and that it is the responsibility of the participant to see that this requirement is met. I hereby grant permission and agree to my transport to and from the class or activity to the nearest physician, hospital or medical treatment and agree to receive immediate first aid if, and when such treatment becomes necessary.

_____	_____	_____
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**Please indicate your class selections below:**

**Monthly Rates are for classes held 1<sup>st</sup> - end of same month**

**One Yoga Class**

\$30 per month or  \$10 per class

Monday 7:15-8:15 P.M. or  Wednesday 9-10 A.M. or  Friday 12:30-1:30 P.M.

**Two Yoga Classes**

\$45 per month or  \$10 per class

Monday 7:15-8:15 P.M. or  Wednesday 9-10 A.M. or  Friday 12:30-1:30 P.M.

**Three Yoga Classes**

\$70 month or  \$10 per class

Monday 7:15-8:15 P.M. or  Wednesday 9-10 A.M. or  Friday 12:30-1:30 P.M.