

# Chambersburg Recreation Department

## Summer Yoga

Participant's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical conditions or medications of which we should be aware? If yes, please explain. \_\_\_\_\_

### Waiver / Permission Slip

This form grants \_\_\_\_\_ (participant's name) permission to participate in the Chambersburg Recreation Department's Yoga by the Pool. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

I, \_\_\_\_\_, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please circle the session(s) for which you are registering:**

|                         | <u>Day:</u> | <u>Date:</u> | <u>Time:</u> | <u>Reg. Deadline:</u> |
|-------------------------|-------------|--------------|--------------|-----------------------|
| <b>Yoga by the Pool</b> | TH          | 6/7-8/9      | 7:15-8:00 AM | 6/1 and ongoing       |

**Cost for 10 Class Pass:** \$85 / \$75 Borough Resident

**Cost for 5 Class Pass:** \$39 / \$35 Borough Resident

**Cost per class:** \$9 / \$8 Borough Resident

**Cost for each Session:** \_\_\_\_\_ # of session(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Return Form with Payment to:** Chambersburg Recreation Department  
235 S. 3<sup>rd</sup> St., Chambersburg, PA 17201