

Yoga Class Registration
with Instructor: Paula Carnegie Fehr
at Sunnybrook United Church Music Room (12 Stanton Street Red Deer)

CLASS TIME Please circle: 9 - 10:30am, 11am - 12:30pm, 1:30 - 3pm, 3:15 - 3:45pm, 4 - 5:30pm

PERSONAL First Name:
Last Name:
My age is 18 years or older: Yes No

ADDRESS Street Address:
City & Province:
Postal Code:
Phone:
Email:

INJURIES, MEDICAL CONDITIONS, ALLERGIES

List any relevant & current Injuries or Medical Conditions including Allergies:

SPECIAL ADAPTATIONS

List any Special Adaptations needed to accommodate you in this class:

EMERGENCY CONTACT INFO

Full Name:
Relationship: Phone:

CLASS WAIVER & SAFETY DECLARATION:

To the best of my knowledge, I am in good health and there are no medical reasons why I should not participate in this class. I agree to abide by the rules & regulations of this facility and class and I hereby release the Instructor(s) of this class, Sunnybrook United Church, and any associated officers, members, employees, staff, students or volunteers, and affiliated organizations including NHPC, YAA, YA, or IAYT from any and all claims I might otherwise have for personal injury or property damage arising out of my involvement in this class and my presence at this facility, whether due to negligence of the Instructor(s) of this class, Sunnybrook United Church, or any associated organizations or persons.

I agree to the above Class Waiver & Safety Declaration: Yes No

WELLNESS DECLARATION:

I understand that I cannot participate if I am feeling sick or if I exhibit any signs of contagious illness. Yes No

- Feeling sick or experiencing symptoms: e.g. cough, fever, shortness of breath, runny nose, sore throat, loss of sense of taste or smell.
- Are currently required to self isolate (e.g. due to testing positive for contagious disease).

I understand that I must comply with any required safety protocols for this class. Yes No

By my signature on the reverse of this form, for each session registered, I give my consent to participate in the yoga sessions. I agree that I will provide updated information should any details change.

SIGNATURE Participant Name:
Signature of Participant:
Date:
Session Dates:
Instructor / Witness Name: Initial:

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