



May – June Beginners Yoga  
Registration Form



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

<input type="checkbox"/>	6 week Beginners Yoga	<input type="checkbox"/>	\$90
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Cash   
  Cheque – Town of Bassano   
  E-Transfer- town@bassano.ca

**Minor Waiver**

I am the parent or guardian of someone under 18 years of age who wishes to attend the Mental Health First Aid Standard training and I give my consent for them to participate. I understand I am assuming full liability on behalf on the minor individual.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_