



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: _____