

Chair Yoga Registration Form

\$40/session (no refund or carryover) or \$6/class

Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

By signing, I acknowledge that I have read, understand, and agree to the following. Copies of all forms and waivers can be found online at LCRAC.com.

1. Concussion Information Sheet
2. Concussion Information
3. COVID-19 Return to Play
4. Medical Release
5. Participants of Minority Age
6. Refund Policy

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Only applicable if participant is less than 18yrs of age

Check the sessions for which you are registering if applicable

_____ March 17 – April 21 (\$30/6wk)

_____ April 28 – June 2 (\$30/6wk)

_____ August 18 – October 16

_____ October 13 – December 15 (no classes Oct 20 or Nov 24)

