



Class Registration – Monte Sano

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|--------------------|--|----------------------|------------|
| Name | | | |
| Address | | | |
| City | | Zip | |
| Home Phone | | Mobile Phone | |
| email | | | Birth Date |
| Emergency Contact | | Relationship | |
| Contact Phone Home | | Contact Phone Mobile | |
| Primary Physician | | Phone | |

HOW DID YOU LEARN ABOUT STEADY FOR LIFE? _____

LIST ANY PHYSICAL LIMITATIONS OR MAJOR HEALTH CONCERNS THAT AFFECT YOUR BALANCE:

I AM REGISTERING FOR: BALANCE CLASS GENTLE YOGA CLASS

By signing below, I hold no one liable in case of injury while participating in the Steady for Life Balance program.

Signature: _____

Date: _____