



**Lyndhurst Health Department
Meadowlands Area YMCA
Winter/Spring 2012 REGISTRATION FORM**

**CHAIR YOGA
Fridays 11:30-Noon**

Start Date: February 10, 2012

Class Location subject to change to: 601 Riverside Avenue, Lyndhurst, NJ

Pre-Registration Required

Mail form to:

Gloria Cucco, Lyndhurst Health Department, 253 Stuyvesant Avenue, Lyndhurst, NJ 07071

Please use a separate form for each participant.

Name: _____

Address: _____ **Town/State/Zip** _____

Age: _____ **Date of Birth:** ___/___/___

Phone # to contact you (i.e. if the class needs to be cancelled: () _____

Emergency Contact: _____ **phone** _____ **relationship:** _____

Have you participated in a Meadowlands YMCA program in the past year? YES NO

Are you a YMCA member? YES NO **Exp Date:** _____ **Are you renewing membership?** YES NO **- Exp Date:** _____

I hereby release, indemnify, keep and hold harmless, for myself and on behalf of my child/children, my family, heirs, executors, administrators and assignees, the Township of Lyndhurst, the YMCA and its officers, members, employees, agents and successors of any of the aforementioned, against and from any and all liability with regard to any injury, loss, claim, and/or damage to myself or my child/children and from any loss, damage, claims, causes of action, liabilities, obligations, demands, or expenses asserted against the Township of Lyndhurst, the YMCA or its officers, members, employees, agents, and successors, by any person, persons, or entity, as well as from and against all costs, counsel fees, expenses and liabilities incurred in the event or activity identified above. This release waives all claims, including those of which I am not aware and those not mentioned in this release. I understand that the Township of Lyndhurst or the YMCA may photograph or film any participant and use said pictures for any form of advertising or promotion as deemed appropriate.

I am unaware of any physical or health condition, which would prevent or limit my participation. I am aware of the potential risk of injury, and I possess adequate insurance protection to cover injuries and or damages.

I hereby agree to above and do fully release from any and all medical and legal liability or responsibility that may arise, directly or indirectly, from or through my participation in programs at the Lyndhurst Health Department. **SIGNATURE REQUIRED TO PROCESS REGISTRATION**

PARTICIPANT'S SIGNATURE

DATE

If we do not have enough participants, monies will be returned.