

COMMUNITY WORKSHOP – WINTER 2018
REGISTRATION/AUTHORIZATION FORM

Session 1 – Thursday, January 11th, 18th, 25th and February 1st

Session 2 – Thursday, February 15th, 22nd and March 1st and 8th

I would like to register for the following:

Workshop	Session 1 Jan 11 th – Feb 1 st	Session 2 Feb 15 th – March 8 th
Women's Yoga – Thursdays 11:00 am – 12:00 pm		

*Please note that due to a high volume of interest, if registering for both session #1 and #2 registrants may be placed on a waitlist for one of the two sessions. Should space become available registrants will be enrolled in the order from which the registration forms are received.

**Please note that we request that participants call or email if they plan to miss a workshop day. If two or more consecutive days have been missed (without notice given to JAC staff) the participant may be removed from the workshop.

Name: _____

Home Address: _____

Home Phone Number: _____

Email: _____

Emergency Contact Name _____ **Phone Number** _____

Emergency Contact Name _____ **Phone Number** _____

Allergies, Medical or Special Needs (if applicable):

Photography Release

I give permission for JACYWE staff to take photographs during programs for potential use in future promotional materials

Initials: _____

I agree that in order to participate in JACYWE programs I will cooperate with all JACYWE procedures and regulations. I have read and understand the information presented in this packet.

Signature: _____

Date: _____