

# Class Registration Form

 **Month:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

---

## Class Selection

Please check the box next to each class you'd like to register for:

<input checked="" type="checkbox"/> Class Name	Day(s)	Time	Instructor	Fee
<input type="checkbox"/> Yoga	Tuesday	10:00 AM	Beth	\$8/class
<input type="checkbox"/> Martial Arts	Tuesday & Thursday	6:00 PM	Alexis	\$35/month
<input type="checkbox"/> Strength & Balance	Tuesday	11:15 AM	Larisa	\$5/class
<input type="checkbox"/> Strength & Balance	Thursday	11:00 AM	Larisa	Free
<input type="checkbox"/> Ceramics	Friday	1:00 PM	Garland	\$6/class
<input type="checkbox"/> Yoga	Wednesday	6:00 PM	Paula	\$8/class

---

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Waivers must be signed by adults for each child. There are no refunds for classes only credit with a documented medical note.