

Chair Yoga

Wednesday's 2:00 pm

July 10 – August 14

Adults ONLY

\$20/\$25

Participant's Name: _____

Sex: Male Female

Age: ____ Date of Birth: ____/____/____

Allergies/Asthma/Other: _____

Address: _____
City State Zip

Emer#: _____

I, _____ intend to be legally bound, waive, and release any and all rights and claims for damages I may have against the Incorporated Village of Patchogue and the Patchogue Village Parks and Recreation Department and their representatives for any and all injuries suffered by myself or my child in the Summer Recreation Programs. I am not aware of any physical condition which would impede myself or my child's participation in or require special treatment in the above activity.

Signature: _____ Date: _____

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