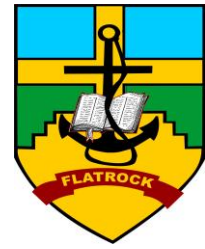




**Pouch Cove – Flatrock Recreation**

P.O Box 249  
Pouch Cove, NL  
A0A 3L0  
Phone: (709) 335 2848 ext. 4  
Fax: (709) 335 2840



**Kids and Family Yoga  
Registration Form**

Name: \_\_\_\_\_ MCP#: \_\_\_\_\_

Name: \_\_\_\_\_ MCP#: \_\_\_\_\_

Name: \_\_\_\_\_ MCP#: \_\_\_\_\_

Name: \_\_\_\_\_ MCP#: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

(Please provide an email address in case we need to reach you for related reasons-  
changes in schedule, cancellations, announcements, etc)

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Please identify which programs you wish to sign up for:

Kids Yoga (ages 4 to 7) \_\_\_\_\_

Kids Yoga (ages 8 to 12) \_\_\_\_\_

Family Yoga \_\_\_\_\_

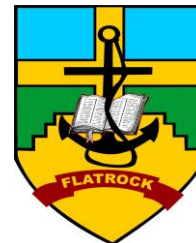
Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Health & Fitness Liability Waiver / Informed Consent Form**

“I \_\_\_\_\_, have enrolled in the above fitness program/s offered through Pouch Cove – Flatrock Recreation. I recognize that this program may involve strenuous physical activity including but not limited to, muscle strength and endurance training, cardiovascular conditioning, and other various activities. I hereby affirm that I am in good physical condition and do not suffer from any known disabilities or conditions that prevent or limit my participation in this program. I acknowledge that my enrolment in this program is purely voluntary and in no way mandated by Pouch Cove – Flatrock Recreation.”

“I fully understand that I may injure myself as a result of my enrolment and subsequent participation in this program and I, \_\_\_\_\_, hereby release Pouch Cove – Flatrock Recreation from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees or any other body part, and any other illness or soreness that I may incur, including death.”

Pouch Cove – Flatrock Recreation does not provide refunds.

**I HEREBY AFFRIM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date