

**PEMBERTON TOWNSHIP RECREATION DEPARTMENT**  
**2016 PILATES STRENGTH & YOGA STRETCH**

**INSTRUCTOR:** Gayneta Holly  
**FEE:** \$55/Person (**Residents Will Receive a \$10 discount**)  
**LOCATION:** Senior Center (300 Brook Street, Browns Mills)  
**TIME:** Tuesdays (6:30-7:30pm) & Thursdays (6:30-7:45pm)  
**DATES:** November 29<sup>th</sup> – January 20<sup>th</sup>, 2016

**Please bring water bottle, towel or mat and wear comfortable clothing.**

**Please remove at dotted line below & keep for your information.**

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**PILATES STRENGTH & YOGA STRETCH / NOVEMBER – JANUARY 2016**

Participant Name \_\_\_\_\_

Parent/Guardian Name (If Minor) \_\_\_\_\_

Complete Address \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade (If Applicable) \_\_\_\_\_

Home Number (     ) \_\_\_\_\_ Work Number (     ) \_\_\_\_\_

Cell Number (     ) \_\_\_\_\_

Would you like to receive text message updates about our programs and events?                      YES                      NO

If yes, what company provides your cell phone service? \_\_\_\_\_

*Please Note:*

*Standard text messaging rates apply. Updates will be received with [activenet@active.com](mailto:activenet@active.com) shown as the sender.*

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

Phone Number (     ) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Does the participant have any special needs or medical concerns that should be brought to the attention of program staff? If any, please explain:

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for the above participant to appear in any media coverage that is approved by the Pemberton Township Recreation Department.                      YES                      NO

**PLEASE READ/SIGN:** I am registering myself and/or my child to participate in all activities of the above registered program. In case of emergency, I authorize the program's assigned personnel to administer basic first aid treatment, transport me/my child to the nearest hospital, and notify my emergency contact as quickly as possible. In the event of an emergency due to accidents beyond their control, I hereby release Pemberton Department of Recreation, its supervisors, employees and program volunteers, from all liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date