



## Adult Registration Form

Last Name		First Name		Adult Yoga	Adult Reiki
				<input type="checkbox"/>	<input type="checkbox"/>
Home Phone	Work Phone	Mobile Phone	E-mail Address		
Street		City		Prov	Postal Code
Alternate Contact		Alternate Contact Number			

Health Concerns/Allergies/Other/What you hope to achieve from this class

Programme: _____ Start Date & Time _____ #wks : _____ Cost: _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/>
---

The Children's Garden is not responsible for any injury or illness that may be incurred while visiting or participating in any of our programmes. It is always advisable to speak with your family physician before undertaking any new physical fitness programme. Although this is a gentle stretch yoga programme, it is important to follow your body's inner wisdom and guidance and never move into a place of pain. Pain does not benefit your body and may cause an injury. A nice stretch is not necessarily pain; please discern between the two for ultimate well-being.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make all cheques payable to: **Barbara Westgate**  
 Mailing Address: **766 North Mile Road, London, ON N6H 2 X8**  
 Email: **natural\_child@hotmail.com** Phone: **519-474-3579**