Check #

MORRIS PLAINS RECREATION 2017 WINTER PROGRAMS

PARTICIPANT'S NAME: _____ ***PHONE:*** _____

ADDRESS: _____ ***EMAIL:*** _____

	Date and Time	Class	Fee	Total
	1/11-3/29 10:30AM-11:45AM	Gentle Beginner Yoga with Diane Tartaglia Wednesday Morning Minimum: 8 (12 sessions)	$60.00	$
	1/31-6/6 7:30PM-8:30PM	Yoga with Peg Clark Tuesday Evening Minimum: 9 (18 sessions)	$100.00	$
	2/2-6/8 7:30PM-8:30PM	Yoga with Peg Clark Thursday Evening Minimum: 9 (18 sessions)	$100.00	$
	1/4-2/8 4:30PM-6PM	Youth Painting Class with John Darvie Wednesday Afternoon Minimum: 4 (6 sessions) (ages 6-12)	$185.00	$
	1/4-2/8 2PM-3:30PM	Adult Painting Class with John Darvie Wednesday Evening Minimum: 4 (6 sessions)	$125.00	$
	1/4-2/8 6:30PM-8PM	Adult/Teen Drawing Class with John Darvie Wednesday Evening Minimum: 4 (6 sessions) (ages 13 to Adult)	$185.00	$
	1/12-3/30 10AM-10:45AM	Mommy & Me with April Molinaire (Ages 18mo-3yr)Thursday Morning Minimum: 9 (12 sessions)	$65.00	$
	1/12-3/30 11AM-Noon	Pre Ballet & Tumbling with April Molinaire (Ages: 3-5) Thursday Morning Minimum: 9 (12 sessions)	$65.00	$
	1/11-3/29 4:30PM-5:30PM	Ballet & Jazz with April Molinaire (Ages: 5-6) Wednesday Afternoon Minimum: 9 (12 sessions)	$65.00	$

By completing this form, your e-mail address is placed on a list with your permission to receive important class information only.
I hereby release any claims I may have for myself against the Borough of Morris Plains, its employees and volunteers for any injury that may occur during this activity
Please complete ***Emergency Medical Information Form*** on reverse (for children only)

_____

Signature **Date** **revised112816kml**

REGISTRATION FOR CLASSES MUST BE MADE PRIOR TO THE FIRST CLASS!
Policy for refunds posted at the Morris Plains Community Center and at www.morrisplainsboro.org
Checks payable to "Borough of Morris Plains" Morris Plains Community Center, 51 Jim Fear Drive, Morris Plains, NJ 07950

EMERGENCY MEDICAL INFORMATION
(Children Only)

Students Name_____ Birth Date _____

Address_____ Home Phone _____

Mother's Name _____Cell Phone _____

Father's Name _____ Cell Phone _____

IN CASE OF ILLNESS, PLEASE LIST NAMES AND TELEPHONE NUMBERS TO BE CALLED IN EMERGENCY IF PARENT CANNOT BE REACHED

Name	Address	Phone
Name	**Address**	**Phone**

In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given immediate medical care at a hospital or other medical/dental facility

Doctor's Name _____ Phone _____

Date _____ Parent/Guardian _____

TO BE COMPLETED BY PARENT:

Medical/Orthopedic/Emotional Conditions _____

_____

Explain _____

Allergies_____

Medication taken daily _____

Other comments_____

_____

Date of last physical_____

_____ _____
Signature of Parent/Guardian Date

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THIS FORM MAY BE SHARED WITH THE INSTRUCTOR