



Class Registration Form

First & Last Name:	Which class are you attending?
Email Address: <i>Note that reminders and class updates are sent via email.</i>	Phone:
City of Residence:	Emergency Contact Name: Phone #:

<p>Please list any injuries, recent surgeries, illness or any physical limitations (i.e. high or low blood pressure, joint replacements, osteoporosis, mental health concerns, medical diagnosis, recent surgeries, trauma).</p>
<p>What do you hope to gain from partaking?</p>

Indicate Payment Info: On-line Cash Cheque E-transfer
Would you like to be added to Joy's monthly newsletter? Yes or Not Now

<p>Waiver/Student Responsibility; I understand that I am participating in movement classes at my own risk and will not hold Joy Somatics or Joy Onyschak, liable for injuries incurred. It is my role to listen to my body and make choices that feel right for me. I understand that unused classes are not transferable to future sessions. I understand my contact information may be requested by health authorities if required for contact tracing. I <input type="checkbox"/> Do or <input type="checkbox"/> Do NOT give this permission.</p> <p>Date: _____ Signature: _____</p>
