**SUN CITY CENTER YOGA CLUB**

**Membership Application & Liability Form**

**This is required information.**

|  |  |
| --- | --- |
| **Email:** |  |
| **Name:** |  |
| **Street Address:** |  |
| **Emergency**  **Contact Name:** |  |
| **Emergency Contact**  **Phone:** |  |
| **CA/KP/FP #** |  |
| **Phone #** |  |
|  |  |

**Membership: $20 for the year Classes: $10/month**

**LIABILITY STATEMENT**

**I either have the approval of my personal physician or accept full responsibility for any health problems. I participate in this activity at my own risk and will hold harmless the instructor and/or the Sun City Center Community Association of any liability resulting from it.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**Welcome to the SCC Yoga Club!**

**sccyogaclub.uplifterinc.com**