

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