



REGISTRATION – PLEASE PRINT

My Class Location is: _____

Name			
Address			
City			Zip
Home Phone		Mobile Phone	
Email			Birth Date
Emergency Contact		Relationship	
Contact Phone Home		Contact Phone Mobile	
Primary Physician		Phone	

WHAT IS YOUR PREFERENCE FOR COMMUNICATION (Circle)? PHONE, TEXT, EMAIL

HOW DID YOU LEARN ABOUT STEADY FOR LIFE:

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WHICH CLASS(ES) WILL YOU BE TAKING? (Circle)

BALANCED BODY 2	BALANCED BODY 3	REV IT UP! BALANCE	PILATES	GENTLE YOGA	INTERMEDIATE YOGA	CHAIR YOGA
ZOOM BALANCED BODY 2	ZOOM BALANCED BODY 3	ZOOM REV IT UP! BALANCE	MOVE TO THE MUSIC (ZUMBA)	MOVE TO THE MUSIC (LINE DANCING)	STRENGTH BUILDING	BALLROOM DANCING

LIST ANY PHYSICAL LIMITATIONS OR MAJOR HEALTH CONCERNS THAT AFFECT YOUR BALANCE:

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By signing below, I hold no one liable in case of injury while participating in the Steady for Life Balance program or participating in any Steady for Life events outside of class.

Signature: _____ Date: _____