

**Registration Information:**

Name		Email		DOB
Address	City	State	ZIP	Phone
Emergency Contact		Emergency Contact Phone		

**Program Offerings:**

**\*Wellness** fees vary

- Mon. Yoga (6 wk session \$60)
- Tues/Sat. Yoga (10 classes \$125)
- Tues/Sat. Yoga (drop in \$15)
- Intensive Yoga (6 wk session)
- Gentle Yoga (6 wk session \$60)
- Gentle Yoga (drop in \$15)
- Tai Chi (6 wk session) \$75
- Women Who Walk no fee

**\*\*Support** no fees

- Domestic Violence Support
- Divorce/Separation Support (women)
- Divorce/Separation/Widowed (men)
- Pregnancy & Infant Loss, Hygeia
- Financial Literacy & Guidance

**Education & Fellowship** fees vary

- What Every Women Needs to Know About Divorce \$20
- Holistic Moms
- League of Women Voters no fee
- Parent Chat no fee (for parents of special needs children)
- Women Writers Group no fee
- Women Recreating Retirement no fee

**Youth & Family** fees vary

- Supervised Visitation \$100
- Baby & Me (10 class card \$40)
- Baby & Me (single class \$5)
- Waddlers (10 class card \$40)
- Waddlers (single class \$5)
- Toddlers (10 class card \$40)
- Toddlers (single class \$5)

**Payment Information:**

Check (Amount) \_\_\_\_\_
  Cash (Amount) \_\_\_\_\_
  Credit Card (Amount) \_\_\_\_\_

Class Start Date: \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

**\*For Wellness Programs Only:**

The Women & Family Life Center urges you to obtain a physical examination from a doctor before participating in any wellness course. All forms of exercise will be at your own risk. You, as an individual taking a wellness course, understand the agreement to participate in any exercise program is entirely your responsibility. WFLC and its instructors are in no way liable to you for any claims, demands, injuries, damages or actions arising due to injury of your person or property at the premises. You, as a student of WFLC, hereby, hold the Women & Family Life Center and its instructors harmless from any and all claims, which may be brought against the Women & Family Life Center and its instructors for any such injuries, or claims.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*For Support Programs Only**

All aspects of the support groups are held in the strictest confidence by the participants. Anything expressed in either written or spoken format is not to be shared outside of the session by the facilitators or participants and confidentiality is regarded as an essential element in the success of the group. Facilitators may compromise this confidentiality agreement only in the event of immediate health, safety or criminal activity concerns, where the necessary authorities must be notified. Participation in this program is voluntary and the participants agree to hold the Women & Family Life Center and its facilitators harmless from liability in cases of breach of this agreement by any of the participants.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:		
Reg Received _____	Payment Received _____	Date Entered _____
Signature _____	Signature _____	Signature _____
Class Date _____	Payment Received _____	Date Entered _____
Signature _____	Signature _____	Signature _____
Class Date _____	Payment Received _____	Date Entered _____
Signature _____	Signature _____	Signature _____
Class Date _____	Payment Received _____	Date Entered _____
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Class Date _____	Payment Received _____	Date Entered _____
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