

Almaden Pilates

Registration and Information Form

Please Print

Parent/Guardian/Participant's Name		
Address		
Home Phone or Cell	Email Address	DOB/Age/Sex
Class Time Preference (Please indicate (M)orning or (E)vening) ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday		
Medical Conditions or special circumstances that we should be aware of:		

Cost:\$59

Checks should be made payable to Graystone Home and School Club
Please add **ALMADEN PILAES FUNDRAISER** in the MEMO section of the check
This completed form should be returned to the office.

Waiver:

I hereby waive and release Almaden Pilates and its staff members from any and all liability for any injuries or illness incurred to my child during karate class. The undersigned in consideration of participating in this program agrees to indemnify and hold the Graystone Elementary School, Graystone Home and School Club, School staff, parent volunteers, and the program instructors harmless and release them from any and all liability for any injury which may be sustained by the named individual(s) registered in this program. I have read the application agreement, and fully understand that I assume all risks for any injuries received.

Parent's Signature _____ Date:_____