Riot Act, Inc.

P.O. Box 6735, Jackson, WY 83002 riotactinc@earthlink.com www.riotact.org 307-203-9067

REGISTRATION FORM

Alexander Technique Class with Eve Bernfeld

Mon. July 22, 2019, Tuition \$30 per person

| Student Name | | Birth Date | _ | |
|----------------------------------|---|---|-----------------|--|
| Parent/Guardian(18 & under only) | | Email | | |
| Day Phone Evening Phone | | | | |
| Address | | | - | |
| City State Zip | | | _ | |
| Does the participant have any al | lergies, medical issues or | anything else we should know about? | | |
| | | | - - - | |
| | | | - | |
| Emergency Contacts | | | | |
| Name | Relationship | Phone | _ | |
| Name | Relationship | Phone | _ | |
| | Riot Act, Inc.'s staff, Boa age sustained while partic | or mine and/or my child's participation in rd of Directors and volunteers from any pating in a Riot Act program. | y liability for | |
| Signature | | | | |
| Printed Name | Da | te | _ | |
| purposes. I understand that no | personal information w | Inc. classes to be used by Riot Act for ill be associated with any photographs rstand that all photographs taken by Rio | without my | |
| Signature | Da | te | _ | |
| | Da | te | _ | |

Printed Name