

# Sun City Hatha Yoga Club Membership Application

**Please print** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Sun City Street Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact's Phone \_\_\_\_\_

- This application requires an RCSC Member card with photo (No key fobs accepted).
- Mat class members must be able to get up and down from the floor without assistance.
- Chair class members must be able to stand from a seated position in an armless chair without assistance.
- Yoga instructors have final determination of which, if any, yoga class is appropriate.
- Class schedules and club information are available on our website at [HathaYogaClub.org](http://HathaYogaClub.org)

***In consideration of membership in this activity and the benefits I receive, I understand and agree:***

It is every member of Hatha Yoga Club's responsibility to pitch in and help keep the club functioning. All club members are expected to volunteer to act as class monitor, and I agree to volunteer and perform class monitor duties frequently.

**AGREEMENT OF PARTICIPATION AND RELEASE OF LIABILITY RCSC Form CR-19 Waiver**

It is the purpose of this Agreement to exempt, waive and release THIS CLUB, its officers, instructors, volunteers and members and the RECREATION CENTERS OF SUN CITY, INC., its Directors, officers, volunteers, employees and members from any and all claims, including but not limited to, personal injury, property damage and/or wrongful death claims which may occur for any reason, including negligence, *while engaged in club activities only*.

I acknowledge and understand the purpose of this club and the risks that may be associated with the club's activities, and I state, without reservation, that I am fit and capable of participation in the activities of this club. If I am in doubt of my ability to participate, I will seek appropriate medical advice. I agree to assume the responsibility to exercise care for my own safety and I will ask and wait for assistance or training if I am not sure I can perform any activity.

By signing below, I agree to the RCSC Waiver of Liability and to follow the RCSC Code of Conduct and the Hatha Yoga Club Rules and Regulations. I agree to discuss any issues or complaints I may have with a Club Officer at an appropriate time.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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\_\_\_\_\_ **This Section to be completed by Club Representative or Class Monitor Only** \_\_\_\_\_

RCSC # \_\_\_\_\_ Member Name \_\_\_\_\_

NEW MEMBER \_\_\_\_\_ or RENEWING MEMBER \_\_\_\_\_ Date Paid: \_\_\_\_\_

Membership fee was collected & RCSC Card INFORMATION WAS VERIFIED by: \_\_\_\_\_