



كلب فاك PANAGA CLUB Yoga Section

Membership Registration Form

Please return completed form to the Panaga Club Administration Office.

I/We wish to apply for membership of the Yoga Section. I/We acknowledge that I/We join and use of the Panaga Club facilities is/are at my/our own risk.

I hereby authorise the Panaga Club to deduct from my Panaga Club account.

The monthly membership charge is \$6.00 per person.

Applicant's Name	Full or Temp	For Temporary Membership, please state the period and cost (\$6 per month)

INDEMNITY

To The Panaga Club and volunteer Instructors in the Yoga Section.

I/We _____ wish to participate in the classes run by the Yoga Section at the Panaga Club. I confirm that I am aware of and accept the risks associated with participating in the classes that are offered.

I hereby agree that my participation in the Yoga classes will be at my sole risk, and in the event that I suffer any injury arising in any way out of my participation in the classes, I will not make any claim against Panaga Club (or any of its employees), or any volunteer or contractor instructor(s), whether such a claim is based on an allegation of negligence or otherwise. Some of the service may not be appropriate for all individuals. Individuals should consult with their physician prior to accepting the service program.

Cancellation of membership must be advised in writing to the Panaga Club Administration Office. **Members who resign are only allowed to re-apply after six months from the termination date.**

NAME:..... DEPT/COY:.....

MEMBERSHIP CARD NO:..... TEL. NO:.....(O).....(H)

EMAIL ADDRESS:.....

DATE:..... SIGNATURE:.....

FOR PANAGA OFFICE USE ONLY	
REGISTRATION	REMARKS
To charge with effect from (month/year)	c.c.: Club Accounts
VERIFY BY:.....	
DATE:.....	