



## CLASSES FOR TEENS & ADULTS

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

**If participant is under 18, please complete this section:**

Name of Parent(s) \_\_\_\_\_

In case of an emergency, I can be located at \_\_\_\_\_

Phone \_\_\_\_\_

If I cannot be reached, contact \_\_\_\_\_

Phone \_\_\_\_\_

My child has the following medical conditions: \_\_\_\_\_

As parent and/or legal guardian of \_\_\_\_\_

I give permission for any medical procedure to be performed that is necessary for the health and well-being of above named child in the event of an emergency and/or the inability to locate me.

Signature of parent/legal guardian \_\_\_\_\_

Name of class \_\_\_\_\_ Date/s of class \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_

**No refunds for missed classes. If class is canceled by Windmore, a full refund will be issued.**

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