



**PARKS & RECREATION DEPARTMENT
SENIOR SERVICES OFFICE**

6621 Wilson Mills Road—Mayfield Village, OH 44143
Mailing Address: 6622 Wilson Mills Road—Mayfield Village, OH 44143
Phone: 440-919-2332 Fax: 440-919-0207

KNITTING & CROCHETING

If you have ever wanted to learn to knit or crochet, here's your opportunity. Let instructor Jan Perna show you how to begin. Or, if you already know how to knit or crochet, she will help you hone your skills. Maybe you have a special project you need assistance with, or want to learn a new stitch. Jan has been knitting and crocheting since she was 7 years old.

SESSION 1: Fridays, April 15-May 20, 2016

SESSION 2: Fridays, June 3-July 8, 2016

WHEN: Fridays

TIME: 9:30-11:30 a.m.

WHERE: Mayfield Village Civic Center (Please note new venue)

COST: \$48/6-week session

CLASS MAXIMUM: 12 students



Registration information is on the reverse side of this flyer.

REGISTRATION/WAIVER—KNITTING & CROCHETING APRIL-JULY, 2016

Please circle the session for which you are registering:

- SESSION 1 April 15-May 20, 2016 (\$48)
- SESSION 2 June 3-July 8, 2016 (\$48)

Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

If paying by credit card, we accept MasterCard, Visa, and Discover.

Credit Card No. _____ Expiration Date: _____

Security Code: (the last 3 digits on the back of your card) _____

Signature: _____ Total Amount: _____

I hereby release and hold harmless Mayfield Village Parks & Recreation/Senior Services and all employees, agents and representatives from any and all claims, costs, damages, and liabilities for any injuries sustained by myself in any program offered by Mayfield Village. I understand that any fees charged for a program do not include accident, or personal property insurance. I further represent that I am physically capable of participating in the program in which I am enrolled, based upon consultation with my personal physician. Further, in the event of any injury, I hereby GIVE MY PERMISSION and consent and authorize emergency first aid/or hospital care or treatment for myself if deemed necessary by qualified medical or emergency personnel, or by said employees, agents, or representatives of Mayfield Village and further agree to assume all expenses for said treatment.

Signature: _____ Date: _____