

Registration Form Kids Yoga

Name: _____ M () F ()

Date of Birth _____ rade _____ AGE ____

Name of parent/Guardian : _____

Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

Alternate Phone: _____

Person Responsible for picking up your child _____

Is the child currently experiencing any medical conditions (injury, asthma, epilepsy....) that must be known by the instructor? Please specify here:

If the child is currently taking medications or has serious allergies that should be made known to medical personnel in case of an emergency? Please indicate them here:

Permission for Photography

Once in a while, Natalie takes pictures of the little yogis and yoginis. These pictures are used to prepare small souvenirs for the children, parents and school and possibly to be used by Natalie for her own advertising. The pictures are not used without your permission:

I (parent or guardian) allow pictures of my child to be used as follows (please check one, both or none):
_____ For internal use only (within students, at school/camp...) _____ For Natalie's advertisement

Waiver

Read to your child or have the child read this: Asana (yoga posture) means *posture easily held*. If it's too hard or if it hurts, you can stop! You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, sickness or anything else that may be affected by physical activity, I have consulted with a physician to ensure my child can take yoga classes. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before every yoga class.

My signature below indicates that my child is using the facilities at his/her own risk and shall hold the Fitness Center at DBC, its staff, volunteers and trainers free from responsibility, loss, claim, injury, damage or liability sustained or incurred by me or resulting there from. In the event of an injury, I agree to allow the Fitness Center at DBC to summon an emergency medical team to provide treatment and transportation to the nearest hospital and emergency room. I accept that neither the instructor, not the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Name

Signature

Date

Parent / Guardian

Signature

Date