

Kids Yoga Enrolment Form



Monday	Tuesday	Wednesday	Thursday
3.40-4.40pm <i>Kindy/Preprimary</i>	3.40-4.40pm <i>Year2/3</i>	3.40-4.40pm <i>Kindy/Preprimary</i>	3.40-4.40pm <i>Pre-teen</i>
4.40-5.40pm <i>Year 1</i>	4.40-5.40pm <i>Year 4/5</i>	4.40-5.40pm <i>Year 1</i>	4.40-5.40pm <i>Teen</i>



The "Little Yoga Charms" Kids Yoga Program offers a unique type of yoga practice where the child co-creates the lesson using their imagination.

Little Yoga Charms also embraces a community feeling for the children. When we do yoga together the benefits are incredible:

- ✦ It deepens our connection to others,
- ✦ It enables us to stretch further than usual,
- ✦ It balances us in ways we could not achieve on our own
- ✦ It enhances confidence and communication,
- ✦ It aids us in developing important social skills
- ✦ It helps to explore safe and loving practice,

And of course... IT IS SO MUCH FUN!!!

Let's empower our children with the opportunity to connect to others through this interactive practice. This way, we can transform the class, making it OUR class!

Please select Class Day: _____ *Class Time:* _____

Student's Name: _____ Age: _____ DOB: ___/___/___

Parent's Name: _____ Ph: _____

Address: _____

Email: _____

Would you like to receive our Welcome letter, E-book and join our mailing list? Yes () No ()

Emergency contact: _____ Phone: _____

Please list any health conditions that we should know about: (including allergies)

Is there any additional information that you would like me to know about your child (likes, dislikes, fears, behaviour issues, etc.)?

(please turn over page)

Release and Waiver of Liability: I _____, the parent or legal guardian

of _____, a minor, understand that my child will be participating in yoga classes during which he/ she will actively participate in yoga exercise. I understand that yoga requires physical movement and bodily exertion, which may result in an accident of physical injury. In the event of injury to my child, I hereby give consent to contact emergency assistance if needed. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Yoga Health & Healing, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the Kids Yoga program

Signature of Parent/Guardian

_____ Date ___/___/___

Photo Information:

We occasionally take pictures of children in class to use in publicity material, such as our newsletter, or our website. Please indicate your consent or otherwise by ticking the appropriate box and signing below. (Your child's name will not be used on any photos used for promotional purposes.)

I am happy for my child to appear in photographs and on the website.

I would rather not have my child appear in photos.

Once registered, I understand that my payment is non-refundable if my child should fail to attend. Make-up classes can be taken at a following future session within the same term if there is student availability. Attendance to "Make-up classes" is strictly subject to availability and prior booking is required by contacting Yoga Health and Healing via email to yhhperth@gmail.com

Signature of Parent/Guardian Date

_____ Date ___/___/___

All Term Enrolments will be invoiced. Please confirm your email address below:

Email: _____