



# Kids Yoga Enrolment Form



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.)?

\_\_\_\_\_

**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.  YES  NO

\_\_\_\_\_

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 \_\_\_/\_\_\_/\_\_\_