

Yoga Calm* Class – Registration Form

Class organized and run by _____ *

Please fill out, sign and mail this form to (your business address)

Child's Full Name: _____ Child's Birthdate: _____

Parent/Guardian Name: _____

Address: _____ State: _____ Zip: _____

Hm. Phone: _____ Cell: _____ Work Phone: _____

E-mail Address: _____

Emergency Contact and telephone number: _____

Please describe your child's physical limitations, if any: _____

What do you hope your child will gain from participating in this class? _____

Briefly describe your child's temperament: _____

Briefly describe any current problems your child has at school and/or home: _____

Please list any food allergies: _____

Please list the people that have a close relationship with this child: _____

Your child's Pediatrician: _____

How did you hear about this series? _____

By their very nature, yoga classes can involve body contact, physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your child's physician prior to their participation. (your business name) does not provide insurance protection for participants.

Please be aware that in registering your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the Yoga Calm® classes and that you give your child permission to participate in this program or activity and hereby waive, release and forever discharge any and all claims against (your business name) its employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation and/or instruction in Yoga Calm® activities.

As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions of the child on a separate piece of paper attached to this form.

Signed _____ Relationship to Child: _____

Dated: _____

* Yoga Calm® is a registered trademark and branded yoga teaching program of Still Moving Yoga, LLC. The instructors identified above have learned the Yoga Calm® method and are offering this class, which is not sponsored or monitored by Still Moving Yoga, LLC.