

Yoga For Kids Registration Form and Release Waiver

Parent's Name: _____

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

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Class you are signing up for: (Circle One, please)

Primary Seedlings

Grades K-6th

Homeschoolers Yoga

All Ages

Please list any health conditions that I should know about for teaching your child yoga: (including allergies)

Is there any additional information that you would like me to know about your child?

Release and Waiver of Liability

I, the parent or legal guardian of below-named student, a minor, understand that my child will be participating in a yoga class or classes at Quittie Glen during which he/ she will receive instruction about yoga and 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 consideration of being permitted to participate in Yoga Classes I, for myself and the student and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Quittie Glen, the owners, and the instructors from and against all claims, liabilities, damages, or causes of action arising out of or in connection with my child's participation in the classes, without limitation.

Signature of Parent/Guardian

Date

Photo Release: I give consent for my child's picture to be taken and used to promote Yoga for Kids
Yes No (Circle Please)

Signature of Parent/Guardian

Date

How I heard about Yoga for Kids: Brochure/Poster____ Business Card____ Word of Mouth____
Newspaper____ Website____ Facebook____ E-mail/letter from Instructor____
Macaroni Kids____ Other____(Please specify.)

Payment method you are using: ____ Cash ____ Check (Please make checks out to Yoga for Kids,LLC)

Registration Forms and Payment should be mailed to:

Pat Steely/ Yoga for Kids/ 751 Airport Road/ Palmyra, PA /17078

Thank you for your support of Yoga for Kids!