



New Student Information and Liability Release

All information is confidential

Child's Name: _____ Date of Birth: _____
Parent (s) / Legal Guardian Name: _____
Mailing Address: _____
Telephone contact: _____ Email Address: _____
Emergency Contact Name & Phone #: _____

Please share any information that you think might be helpful for me to know in order to create the most positive experience for your child:

Strengths and special skills:

Special interests, sports, hobbies, recreational pursuits:

Please list all current or past health challenges/injuries/operations/diagnoses / allergies/ current medications (e.g. asthma inhaler, Ritalin etc):

Please share information regarding any special needs / learning challenges / sensory integration issues / emotional or social challenges (e.g. recent losses) that I should be aware of:

How did you hear about these yoga classes?

Liability Release

In exchange for permission for my child to participate in the YogaKids class, I hereby grant the following release from Liability on behalf of my child.

I, as parent and/or guardian on behalf of the minor child identified above, release, discharge and hold harmless the Certified YogaKids Teacher and Dancing Feet Yoga Center, Inc., d/b/a/ YogaKids International, its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, or other persons, and to my child's property, or other persons' property, arising out of or in connection with, or caused in any manner by my child's participation in the YogaKids class.

I acknowledge I hereby have been advised to consult, and have consulted, with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that my child now have, previously have had and/or now may have that may affect my child's participation and ability to participate in and to endure the YogaKids class.

In the event that my child becomes ill or injured during or as a result of participation in the YogaKids class, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my child's person or property arising in connection with or as a result of such emergency medical treatment.

I have read and consent to, the above liability release.

Parent or Legal Guardian Signature: _____ Date: _____