

ABC Yoga Club
Child's Personal Information Form for Kid's Yoga

Child's Name: _____ Birthdate: _____

_____ Female _____ Male Age: _____

Address _____

City/State/Zip: _____ Phone: _____

Parent's E-mail: _____

2nd. E-mail: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Factors/Situations, Specific illnesses, Injuries, or Needs affecting your Child's current state of health that may be pertinent to the instructor:

What are the goals, for your child, that you hope to achieve through Kids yoga? (Relaxation, Focus, Exercise, specific needs?)

I acknowledge that the above information is complete and accurate to the best of my knowledge. I have been informed and I understand that by doing yoga there may be risk of injury. I am aware of the risks involved in my child participating in such a class. I knowingly waive any claim I may have against the instructor for injury or damages my child may sustain as a result of participation. ABC Yoga Club reserves the right to deny participation to any child refusing to comply with our policies for the safety of other children. My signature below constitutes my consent. All information will remain confidential.

Parent's Signature: _____ Date: _____