



Children's YOGA

## Registration Form

The following information will be treated as confidential and will be used to deliver classes that meet your child's health requirements.

JEM Children's YOGA will not use or distribute this information without prior written permission.

### Name and Birthday

Child's First Name	
Child's Last Name	
Date of Birth	
Age	

### Injuries and Medical Conditions or any concerns

Please list any special needs / injuries / chronic conditions / allergies etc	
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### Waiver agreement

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

I affirm that I alone am responsible to decide whether my child is fit to practice yoga. I also understand that supportive and encouraging touch, massage and partner / group interaction is an integral part of this class.

I hereby agree to irrevocably release and waive any claims that I and/or my child, now or hereafter, may have against JEM Children's YOGA.

Print \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Mobile number \_\_\_\_\_

Do you consent to photos for JEM Children's YOGA YES NO

Do you have any concerns/areas you would like me to work on for your child?