



STUDENT INFORMATION FORM

Name/ age _____ Date of Birth _____

Parent Name (s): _____

Address _____

Telephone _____ E Mail Address _____

*check here if you do not use email _____

Emergency Contact Name/ Phone# _____

Physician Name/ Phone # _____

Student may be photographed for news articles, brochures or website or other advertising. **Yes No**
Above may include name & age. **Yes No**

Is there anything I should know about current physical/emotional health?

Is your child comfortable in new situations? Is there anything I should know about past experiences with activities or classes?

___ I assume full responsibility for my well being or my child's well being (if less than 18 yrs. of age)

___ I agree to update instructor on new health issues that arise

Signature _____ Date _____

Cell Phone or other # I may be reached at during class _____

***Do not fill out below this line**

Session: Fee: Check #: Date Pd.:

Mailing address: Alison Jones ~ 10 Rogers St., West Newbury, MA 01985

978.463.0650 ~ alison@kidsyoga.net ~ www.kidsyoga.net

Yogakids®
Release from Liability and Negligence®®

In exchange for permission for me and/or for my child to participate in the YogaKids® Program and classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Certified YogaKids® Facilitator 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 persons’ property, arising out of or in connection with, or caused in any manner by my participation or my child’s participation in the YogaKids® Program or classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child’s physician with respect to any past or present injury, illness, health, problem or any other condition or medication that I and/or my child’s participation and ability to participate in and to endure the YogaKids® program and classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the YogaKids® Program or classes, 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 my life and/or health and/or 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 or my child’s person or property arising in connection with or as a result of such emergency medical treatment.

Child’s Name (print) _____

Legal Guardian/Parent’s Name (print) _____

Legal Guardian/Parent’s Signature _____ Date _____

To be signed by the parent for child under 18 years of age

Parent’s/Guardian’s Address:

Telephone #: