



Children's Yoga Registration Form

(All information given on this sheet will be treated as confidential)

Child's name:			
Childs Date of Birth:		Age:	
Address:		Zip code:	
Telephone:		Email:	
Class you are signing up for:			
Special health considerations, injuries, recent surgery, mental or behavioral diagnoses? No Yes (Please specify):			
What do you hope your child will gain from Yoga?			
Describe your child's personality and the way she/he deals with strong emotions:			

**We accept cash or check for payment All checks should be made out to the teacher
" Anita Steele "**

Please drop off this form with payment at the Center or mail with a check prior to first class

Massage and Yoga Center / Anita Steele

3227 Perkiomen Ave Reading Pa 19606

Disclaimer:

1. I understand that the Mindful kids yoga instructor will take all reasonable care to ensure that the classes are safe. However, I agree that my child will be engaging in physical activity and, as with all forms of exercise, there is the small possibility of injury occurring.

2. I assume these risks and take full responsibility for any possible injury sustained by my child in class.

3. I have been advised to contact my child's doctor and/or consultant, before they participate in Yoga Classes, if he/she has any medical conditions that could affect his/her participation. I will inform my child's yoga teacher should there be any change in my child's medical condition(s).

4. I understand that it may be necessary for the yoga teacher to appropriately reposition my child, to safeguard him/her from injury, and I consent to this.

Signed: (Parent / Care giver		Print Name:	
Date:			

MEDIA CONSENT: I give permission for photos and videos which include images of my child to be used by Relax Yoga for marketing and promotional purposes, including in Newspapers, Internet and Social Media.

Signed: (Parent / Care giver		Print Name:	
Date:			

