



## Children's Registration Form

Class Venue: ..... Day and Time: ..... Start Date: .....

Child's Full Name: ..... Boy/Girl:.....

Date of Birth: ...../...../.....Age:.....yrs Class.....

Parent/Guardian's Full name:.....

Address:..... Post Code:.....

Contact Numbers: Home: ..... Cell:.....

Email:.....

In the case of an emergency please provide a second guardian's details:

Name & Address..... Tel:.....

Has your child done any Yoga before? Yes/No

If Yes please state when and where they did it previously.....

Known allergies/physical Limitations/Concerns:

.....

.....

From time to time I would like to send you additional relevant information about Story Time Yoga and yoga for children, if you do not wish to receive this information please tick here \_\_\_\_\_

I acknowledge that I have read, understood and agreed to the Terms and Conditions of Contract below.

Parent/Guardian Signature: ..... Date:...../...../.....

Please return this completed booking form to us on the first class.

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## Liability Disclaimer & Notice

I individually and as parent and or/guardian of the child identified above hereby acknowledge the following notice and grant to Francine Kraeger or any fill in teacher the following:

**Liability Release:** Story Time Yoga takes all reasonable care in ensuring that its programmes are safe. However, I agree that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge I have been advised to consult with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation in the Story Time Yoga programs. I assume the above risks and accept responsibility for any injury sustained by my child and discharge and hold harmless Story Time Yoga, its owners, officers and personnel including its teachers and its suppliers from any liability arising from any injury to my child or other persons or property caused by my child's participation in the Story Time Yoga programs. I assume the above risks and accept responsibility if that injury is caused either by mine or my child's own fault, or by a third party unconnected with Story Time Yoga provision of services, or by events which Story Time Yoga, its owners, officers and personnel including its teachers and its suppliers could not have foreseen or prevented even if they had taken all reasonable care.

All data collected is kept securely and any information you supply will only be used for the purpose of contacting you regarding classes held by Story Time Yoga and will not be shared with any other parties.

**Refund Classes:** Refund are given if your spot is resold.

**IF YOU DO NOT UNDERSTAND ANYTHING SET OUT IN THIS FORM PLEASE SPEAK TO Francine Kraeger AT Story Time Yoga ON 315-335-2973 BEFORE YOU SIGN.**

For Teachers Use Only: Name: ..... Teaching Centre: .....

Program Dates:.....

Story Time Yoga