Beyond You Yoga

Yogini (child) First Name: _____ Last Name: _____

Birthday: _____ Age: _____ Gender: ☐ Boy ☐ Girl School Name: _____

Goals/Concerns/Physical Limitations/Known Allergies: _____

_____

_____

Parent/Guardian First Name: _____ Last Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone #: _____ Work #: _____ Mobile #: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Pediatrician: _____ Phone #: _____

Class	**Class Details**	**Registration Type** ✔check one
☐ Kids Yoga	Location:	☐ Series, # of weeks:
☐ Family Yoga	Day of Week:	☐ Drop-in
Age Group:	Time:	
Families enrolling more than one child in a series receive 50% off each additional child		
Payment amount: $ ☐ Cash ☐ Check *(payable to Stacey SHipp)*		
Credit Card Type: ☐ Visa ☐ MC ☐ AmEx Card #:		
Expiration Date: Security Code: *(3 digit number on back of card or 4 digit number on the front)*		

How did you hear about Beyond You Yoga®?

☐ Friend: _____ ☐ nextgenerationyoga.com

☐ Educator/Pediatric Professional ☐ Internet Search

☐ Word of Mouth ☐ Flyer

FaceBook/Social Media Other:

☐ ☐

_____

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Please read and give consent:

I, individually and as parent/guardian of the minor identified above, hereby acknowledge the following notices and grant Beyond You Yoga® with Stacey Shipp the following release: **Liability Release:** I acknowledge and fully understand that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge that I have been advised to consult with my or 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 Beyond You Yoga® program. I assume the foregoing risks and accept personal responsibility for any personal injury sustained by my child and discharge and hold harmless Beyond You Yoga®, its owners, directors, members, officers, teachers, affiliate, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by my or my child's participation in the Beyond You Yoga® program provided, however, that the foregoing shall not apply to the intentional or grossly negligent acts of Beyond You Yoga®.

Photographs: I acknowledge that my child may be photographed during Beyond You Yoga® classes and these photographs, which shall be owned by Beyond You Yoga®, may appear in Beyond You Yoga® promotional materials unless otherwise specified. No child whose photograph is used will be identified by name, nor will any compensation be extended for such use.

Cancellations and Changes: If a written request is received before the second attended class of a series, a prorated refund will be issued less a $25 processing fee. The schedule is subject to change; Beyond You Yoga® reserves the right to combine or cancel classes and/or modify teachers.

Parent/Guardian Signature: _____ Date: _____