

# PEACE, GROOVE & HAPPINESS KIDS YOGA Registration Form

Parent / Guardian full Name: \_\_\_\_\_

Emergency Contact #(Cell): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_

1<sup>st</sup> Child's full name & age: \_\_\_\_\_

2<sup>nd</sup> Child's full name & age: \_\_\_\_\_

3<sup>rd</sup> Child's full name & age: \_\_\_\_\_

4<sup>th</sup> Child's full name & age: \_\_\_\_\_

Please note if child has any food allergies-  
\_\_\_\_\_

Classes/Dates you are interested  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please fill this form, sign the waiver form and mail or drop off check payable to: (Note: You may drop in our PGH Mailbox inside CROSBY'S Market.)

Peace Groove & Happiness: 52 Central Street,Georgetown, MA 01833

Note: (Classes require a minimum of 6 students to run)

Paid: Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Date Revd: \_\_\_\_\_

# PEACE, GROOVE & HAPPINESS KIDS YOGA Registration Form

## Agreement of Release & Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:

That my child is participating in the Yoga Classes, Health Programs or Workshops offered by Peace, Groove & Happiness Kids Yoga during which they will receive information and instruction about Yoga and health. I recognize that Yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the Yoga Classes, Health Programs and Workshops. I represent and warrant that he/she is physically fit and has no medical condition that would prevent their full participation in the Yoga classes, Health Programs and Workshops .

In consideration of being permitted to participate in Yoga classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which he/she might incur as a result of participating in the program.

In further consideration of being permitted to participate in Yoga Classes, Health Programs and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Peace, Groove & Happiness Kids Yoga for injury or damages that he/she may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Kimberly D'Alelio for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name: \_\_\_\_\_ Has the following allergies (food or otherwise) and/or health conditions: \_\_\_\_\_

Date: \_\_\_\_\_ As Legal Guardian of \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I consent to the above terms and conditions.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Please attach to Registration & Mail or Drop-off to:

PGH Kids Yoga Studio 52 Central Street Georgetown, MA 01833

You may also drop in our new, conveniently located mailbox located inside Crosby's Market (near the Exit)