



Peace, Groove & Happiness



Student Registration Form

Parent/Guardian Full Name(s): _____

Home Address: _____

Email Address (please print clearly): _____

Home Phone # _____ Cell Phone: _____

Emergency Contact Number: _____

How did you hear about us? _____

Student 1:

Full Name: _____ Birthdate: / /

Allergies or health conditions? _____

Class he or she is enrolling in: _____ Day: _____ Time: _____

Student 2:

Full Name: _____ Birthdate: / /

Allergies or health conditions? _____

Class he or she is enrolling in: _____ Day: _____ Time: _____

Student 3:

Full Name: _____ Birthdate: / /

Allergies or health conditions? _____

Class he or she is enrolling in: _____ Day: _____ Time: _____

Student 4:

Full Name: _____ Birthdate: / /

Allergies or health conditions? _____

Class he or she is enrolling in: _____ Day: _____ Time: _____

Student 5:

Full Name: _____ Birthdate: / /

Allergies or health conditions? _____

Class he or she is enrolling in: _____ Day: _____ Time: _____

Please fill out attached waiver with registration form.

Peace, Groove, & Happiness Kids Yoga Studio

52 Central Street
Georgetown, Ma 01833

Tuition Paid: Amount: _____ Cash: _____ Check# _____ Date: / / Rcv'd by: _____

Peace, Groove, & Happiness Kids Yoga
Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

That I or my child is participating in the yoga classes, health programs or workshops offered by Peace, Groove, & Happiness Kids Yoga Studio, during which they or I 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 and my child's participation in the yoga classes, health programs and workshops. I represent and warrant that I and/or my child is physically fit and has no medical condition that would prevent my or 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 I and/or my child 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 Studio, its owner, employees, or contracted teachers or presenters, for injury or damages that I and/or my child may sustain as a result of participating in the programs.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Kimberly D'Alelio, her staff, employees, or contracted teachers or presenters, 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.

As legal Guardian of _____

I Consent To The Above Terms and Conditions.

Signature of Parent/Legal Guardian: _____

Date: ____ / ____ / ____.

Tuition Paid: Amount: _____ Cash: _____ Check# _____ Date: ____ / ____ / ____ Rcv'd by: _____