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GROW YOGA YOUTH - Class Registration Form

Please Circle Class, Day, and Time :

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|---|----------------------------------|-------|---|-------|--|-------|
| (12-week session): beginning 9/19/2011 | PRIMARY THURSDAY 2:35-3:05 | \$105 | PRIMARY/LOWER EL THURSDAY 3:15-4:05 | \$115 | UPPER EL /MIDDLE SCHOOL MONDAY 3:35-4:30 | \$125 |
|---|----------------------------------|-------|---|-------|--|-------|

Name _____

Date of Birth _____ Child' s Classroom _____

Address _____

City _____ State _____ Zip _____

Parent Name(s): _____

Email _____

Best Phone: (C) _____ (W) _____ (H) _____

Experience with Sports, Exercise, Yoga:

Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care your child has had. Please note the approximate dates:

Medications, Vitamins, Supplements:

Allergies/Special Diet?:

To the best of my knowledge, _____, is able to carry on any and all activities in
(Child's Name)

Jennifer's program.

I agree to inform Jennifer of any physical and/or mental challenges my child has. I agree to release Jennifer Jennette from liability and agree to hold Jennifer Jennette harmless from any accidents that may occur during class.

I understand that Jennifer may take photographs during class and I will allow their use for publicity purposes.

I agree to these stipulations. _____ (parent's signature)