De-Stress with Yoga 141 Sutton Road • Webster MA 01570 • (508) 943-1579 • www.de-stresswithyoga.com

Registration & Health Form

Please complete both forms and return them with payment in full to reserve your child's spot
(Please Print)

Child's Name _____Age:_____

Mailing Address of Parent/Guardian_____

City _____ State_____ Zip Code_____

Name and Email of Parent:_____

Would you like to receive my e-mail Newsletters & information updates? Yes No (circle one)
*Please know that your email address is never shared to anyone else.

Non-Emergency Phone Number that is best to reach parent: _____

In case of inclement weather/cancellation, do you prefer a phone call or email? _____

Please list any allergies known: _____

Emergency Information:
Emergency Contact Name: _____Relationship_____

Phone #_____ (911 will be dialed for emergencies if needed)

Please list who will be picking up your child and the relationship to the child:_____
_____

_____

Please list any injuries, illness, surgeries, or any other medical conditions you have including ADHD, autism, or any special needs. If your child usually has an adult helper at school, you are welcome to have an adult helper come to Kids Yoga for free.
_____

_____

Precautions:
In your best interest, consult your health care provider before taking this or any exercise program.

Release of Liability:

I _____(print child's name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. To reduce the risk of injury of any kind, never force, strain or overstretch/exert yourself unnaturally. I understand that I know my body's strengths and limitations better than anyone, and I will not push myself beyond my limits. This is very important! De-Stress with Yoga, "Mimi" Michelle Strzelewicz strongly advises that you seek the advice of your physician before practicing yoga. Safety precautions and proper use of the yoga environment are rigorously practiced. Please use discretion while practicing yoga, as the instructor cannot be held responsible for personal bodily injury or the loss of any property belonging to students participating in the yoga class. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I also understand that an emergency protocol has been planned. In the event an emergency situation occurs, I am financially responsible for any emergency services that may be necessary. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against (Mimi) Michelle Strzelewicz, De-Stress with Yoga. Please sign below to show that you understand the above statements and agree with these terms and conditions. The information I have given on this form is to be best of my knowledge complete and accurate.

Signature of Parent/Guardian:_____Date:_____

By signing above, the participants of this program disclaim any liability and/or loss in connection with the Yoga exercises demonstrated or the instructions and advice expressed within the class sessions by the authorized instructor, Mimi Strzelewicz and De-Stress with Yoga.

Please note: Parents/Guardians are welcome to stay, watch and/or participate in any activity/class.