



CHILDREN'S REGISTRATION & WAIVER

Child's full name _____ Child's age _____ Child's DOB _____

Address: _____

Parent/Guardian full name _____ Email _____

Phone (h) _____ (w) _____ (mobile) _____

Address (if different) _____

Emergency Info: Emergency contact name _____

Relationship _____ Phone _____

Doctor's name _____ Phone _____ School _____

Does your child have any allergies or skin sensitivities? (**Note:** Lavender and chamomile lotions are used during foot massages in all Yoga Tales classes.)

What else would you like us to know about your child?

How did you hear about Yoga Tales?

Registration Info: My child will be attending a YogaTales party. I am registering my child for the following YogaTales classes:

Day / time: _____ **Class name:** _____ **Session dates:** _____ **Fee:** _____

Visa MasterCard **Name on credit card:** _____

Check or Credit Card # _____ Exp. Date _____

Signature _____ **Date** _____

Please make checks payable to YogaTales and mail to the address below.

- Classes are limited in space and are filled on a first come, first served basis.
- Children may join a class in mid-session for a pro-rated fee.
- Please arrive at least 5 minutes before class begins and wear comfortable clothing.

Please read and sign the Liability and Disclaimer Notice on reverse.

Strong **bodies**
Strong **character**

8020 Norfolk Ave
Bethesda, MD 20814
p 301 951 YOGA (9642)
f 301 951 9665



LIABILITY & DISCLAIMER NOTICE

We want to ensure that everyone who participates in a Yoga Tales class has a safe, enjoyable experience, so please review the following information and sign below.

I am the parent and/or legal guardian of the child/children named in this form. I acknowledge the following notices and grant to Yoga Tales (YT) the following release from liability:

Missed classes/Cancellation policy: If my child begins a session on the first class and I cancel in writing before the 3rd class of that session I will receive a prorated refund for the classes my child does not use, minus a \$20 processing fee. Otherwise I will receive no refund for a canceled class. I am allowed no more than 2 make-up classes which must be taken within the same session as those classes that were missed.

Photography: My child may be photographed while taking YT classes. These photographs are the property of YT and no compensation will be given to me or my child if these photographs are used by YT for promotional purposes.

Liability: My child will be involved in physical activity that may result in injury. I have been advised to consult with my child's physician regarding any past or current health issue (including skin allergies or sensitivity) or injury that may affect my child's participation in YT's classes. I assume these risks and hold harmless YT, its owners, agents, employees and teachers from any claim, cause of action or liability for damage arising from any personal injury, illness or other health issue caused to my child or other persons or property caused by my child's participation in any YT programs or classes.

Name of child: _____

Signature of Parent/Guardian: _____ Date: _____