

# Registration Form Child/Teen



The World of Yoga School®  
Kids Yoga and Music by Menka

Yoga Teacher: Rachel Purswaney Amin (Menka)  
Student Information and Disclaimer form for Children and Teenagers  
To be completed by Parent/Guardian of student

## Basic Information

Name of child

Date of Birth and Age

School

Guardians email

Name of parent(s)/Guardian (s)

Number

Emergency Name and Number

Emergency contact relationship

Has your child done yoga before: Y/N

If yes where:

Medical/health conditions/allergies (inc. dietary restrictions) that may impact your child's yoga practise. Please provide specifications in case any medication is taken.

Any other important information you would like to share about your child?

Please circle as appropriate: I give my permission for photographs of my child to be taken and placed on social media, promotional material and websites related to classes with Menka: No/ Yes

### Please read carefully and sign below: Agreement of Release and Waiver of Liability

I \_\_\_\_\_ (full name) the parent/guardian of \_\_\_\_\_ (student's full name) understand that yoga classes involve physical movements of the body. I understand that I am responsible to decide whether or not my child should practise yoga. I am aware that it is advisable for my child to consult a physician prior to any kind of physical activity. I hereby declare that to the best of my knowledge, my child is physically able and fit to partake in yoga classes. My child should notify the teacher immediately if any pain or discomfort is felt before, during or after one of the yoga classes that they attend. I acknowledge that it is my child's responsibility to be aware of their own physical limitations and they should come out of a posture immediately and inform the teacher if they feel unwell or if they feel any pain. I understand that any physical activity, including yoga classes, can result in physical injuries, disabling injuries, accidents or death. I accept that neither the teacher nor the hosting facilities are liable for any physical or disabling injuries, accidents or death caused as a result of my child partaking in these yoga classes. I understand that yoga is not a substitute for medical attention or treatment. I, my heirs or legal representative hereby forever release and waive any claims now or hereafter against the teacher and studio. I have read, accept and agree to all the terms and conditions outlined in this agreement and on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print name: \_\_\_\_\_