



Hello and welcome to **OM KIDS YOGA!**

Please, fill out the Contact Form print along with the Liability Waiver Form, sign, and bring with you to your first class

Have your child wear comfortable and loose fitting clothing

A water bottle and yoga mat are recommended but not required. Mats are available and provided by instructor/studio as well.

Payment is due at the time of class. Drop in fees are payable per class or class cards are available that offer a discounted rate.

I am always available for questions or emails, please don't hesitate to contact me for anything regarding your child and/or this program. Stories will be posted weekly on our Facebook page or you may visit our website for more information.

Thank you and namaste,

Amy Wolff

Creator/Instructor

**OM KIDS YOGA**

(707) 318-2238

website: [www.omkidspetaluma.com](http://www.omkidspetaluma.com)

email: [amy.wolff@omkidspetaluma.com](mailto:amy.wolff@omkidspetaluma.com)

# OM KIDS YOGA

## Contact Information

Student name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone cell: \_\_\_\_\_ home: \_\_\_\_\_

\*\*\*Email address \_\_\_\_\_ I will use this as the main communication to parents about any changes in schedule and/or upcoming events.

Mother's name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Phone wk: \_\_\_\_\_

Phone hm: \_\_\_\_\_

Phone cell: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Phone wk: \_\_\_\_\_

Phone hm: \_\_\_\_\_

Phone cell: \_\_\_\_\_

Closest Friend or Relative: \_\_\_\_\_

Phone wk: \_\_\_\_\_

Phone hm: \_\_\_\_\_

Phone cell: \_\_\_\_\_

Doctor \_\_\_\_\_

Dr.'s phone: \_\_\_\_\_

Address \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Insurance # \_\_\_\_\_

Who is allowed to pick up your child from class?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Does your child have any previous injuries, surgeries or medical conditions that we need to be made aware of?

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Does your child play or participate in any other sports?

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Yoga can bring out some strong emotional releases in children. Please note that the answers to the following questions will be kept confidential. This will help prepare me to support and nurture your child to the best of my ability.

Does your child have any specific fears they have trouble dealing with?

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Are there any special circumstances going on at home or in the child's life I need to be aware of?

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*(see liability waiver below)*

# OM KIDS YOGA

## Liability Waiver

Practicing yoga involves a certain amount of risk. Although practicing on a mat, students are playing with balance, going upside down, stretching muscles and working in a group with other children, all have associated risks. By signing this waiver you are agreeing to waive liability of OM KIDS YOGA and/or Maldonado's Renew, its employees, and owner in the event your child is injured while practicing yoga.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please bring to class or mail to:*

**OM KIDS YOGA**  
c/o Amy Wolff  
35 Petaluma Blvd. North  
Petaluma, Ca 94952