

OM Kids Yoga Registration Form

Student name _____ Age _____ Birthdate _____

Address _____

Mom's cell: _____ Dad's Cell#
home: _____

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

Parent's names: _____
Closest Friend or Relative: _____
Phone wk: _____
Phone hm: _____
Phone cell: _____

Doctor _____
Dr.'s phone: _____
Address _____

Insurance carrier: _____
1. _____
2. _____
3. _____
4. _____

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

Does your child play or participate in any other sports?

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?

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

OM KIDS YOGA Liability Waiver/Photo Release

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. I am also allowing OM Kids use of any photos taken in the classes or workshops used for use in promotional purposes only.

Parent/Guardian signature: _____

Date: _____