



STUDENT INFORMATION

Name _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email _____

Emergency Contact Name _____ Number _____

Student's DOB _____ Grade _____

Please list any medical conditions or injuries _____

Please list any allergies _____

STUDENT WAIVER AND RELEASE AGREEMENT

I hereby acknowledge that I have been advised to consult with my physician with respect to any past or present injury, illness, health problem, or any other condition or medication that may affect my child's participation in the Whole Kids Yoga Program.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Robin Countryman.

I am the parent/guardian of _____
(Child's name)

For who, I am registering. I have read this release and permission and fully understand its contents, and I have the full right and authority to execute this release and permission.

Signature of parent or guardian (By filling in name your agree to signature)

(Date)

Please check Y or N if you consent to your child's photo being taken for marketing purposes.

Signature of parent or guardian (By filling in name your agree to signature)