



Student Contact Information

First Name _____ Last Name _____

Parent's Name _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact

Name _____ Phone _____

Student's Birth Date ___/___/_____

Grade _____

Please list any medical conditions, injuries or allergies

Waiver of Liability Form

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 or Amy Starkey. I voluntarily agree to assume all of the foregoing risks. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Whole Kids Yoga, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind.

I am the parent and/or guardian of _____
Name of Child

for whom I am registering. I have read and release, give 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

Date