

Bee Mindful Yoga
Registration Form

Name of Child _____

Date of Birth _____ Age _____

Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Name/phone _____

Please list all known allergies/physical limitations.

Extreme Sensitivities: Smells/sounds/touch

Is there anything else you would like me to know about your child?

Please consult your child's physician before child's participation.

Liability Disclaimer & Notices: Please Read Carefully

I individually and as a parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Bee Mindful Yoga the following release from liability: **A.** I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal responsibility for any personal injuries sustained by my child which might incur as a result or participating in this program and discharge and hold harmless Bee Mindful Yoga, it's owners from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the Bee Mindful Yoga program. **B.** I agree to give Bee Mindful Yoga permission to use photographs of myself or my child for any Bee Mindful Yoga promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Parent/Guardian Signature _____

Print Name _____

Date _____