



Student's Name: _____
Male/Female: _____ Age: _____ D.O.B.: _____
Parent's Name: _____
Address: _____

Home Phone #: _____ Cell Phone #: _____
Email: _____
Emergency Contact: _____
Phone #: _____

LITTLE BINY MINDFUL KIDS YOGA
In-School Program
for children from 2 - 12 yrs.

Payment method: The amount of \$136 for 8-classes should be paid in full prior the beginning of each season. Your child must be enrolled at the affiliated school to participate in this Mindful Kids Yoga in-school program. Yoga class enrollment and payment will be made through the littlebiny.com website. Parents/Legal guardians must sign permission slip/waiver below. Completed Parent Agreement/Waiver Forms should be dropped off at the school front office/desk or emailed to littlebiny@gmail.com. No child will be allowed to participate without a signed permission slip. No refunds will be offered after the second class; any requests to cancel registration must be made in writing to littlebiny@gmail.com no later than the second class of the session. Make-up classes will only be given for a missed class due to instructor or school cancellation.

Groups will meet for 30 minutes at their scheduled time for their designated class. Children will be grouped based on age and classroom. Class times may vary based on student enrollment numbers.

LITTLE BINY Mindful Kids Yoga Release and Waiver of Liability:

I, the parent/legal guardian of the below-named student, a minor, understand that my child will be participating in a yoga class or classes by LITTLE BINY LLC, in which he/she will receive instruction about yoga and actively participate in yoga exercise. I understand that yoga requires physical movement and bodily exertion, which may result in an accident of physical injury. In consideration of being permitted to participate in LITTLE BINY Mindful Kids Yoga classes, I, for myself and the student and our respective heirs, administrators and successors intending to be legally bound, hereby release and indemnify the LITTLE BINY LLC organization and/or its related companies, and/or ownership entities, and/or the instructors from and against all claims, liabilities, damages or causes of action arising out of or in connection with my child's participation in the classes, without limitation.

EMERGENCY AUTHORIZATION: I hereby authorize each of the instructors, children's parents, and/or the other employees and/or instructors and/or directors and/or owners of the LITTLE BINY LLC organization and/or its related companies, and/or ownership entities, and/or the instructors to act as my agents in the capacity of activity supervisors, and I authorize each of them as well as the above identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

Student's Name: _____

Signature of

Parent/Guardian: _____

Date: _____

Photo Release:

- I give consent for my child's picture to be taken and added to the Google Classroom.

- I give consent for my child's picture to be taken and used to promote LITTLE BINY LLC Mindful Kids Yoga. I understand that there will be no payment for me or my child's participation in this release.

Signature of

Parent/Guardian: _____

Date: _____