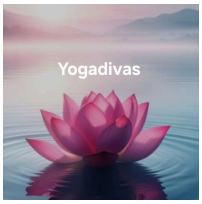


Yogadivas Enrolment Form

Yogadivas
PO Box 170
St Georges Basin NSW 2540

Child's Name:_____ Age:____ DOB:_____

Address:_____

City, State, Postcode:_____

Parent/Guardian/Caregiver Name:_____

Phone Number:_____

Occupation:_____

Email Address:_____

Emergency Contact Name/Number:_____

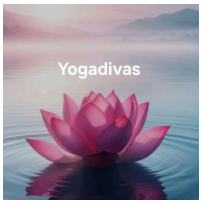
Has your child practiced yoga before? _____Yes _____No

How often do they practice yoga? (Check one)

_____ Never _____ Once every few weeks _____Once a week _____A few times a week _____ Daily

What are your child's interests?

_____
_____
_____
_____
_____
_____
_____



On a scale of 1-10 (10 being the highest), how would you rate your child's level of daily activity?

_____

On a scale of 1-10 (10 being the highest), how would you rate your child's level of daily stress?

_____

What are your goals for your child's yoga practice? (Check more than one)

_____Strength building
_____Stress relief
_____Flexibility
_____Improve overall health
_____Alternative therapy (explain below)
_____Address specific health concern (explain below)
_____Balance/Inner Peace
Other/Explain More:

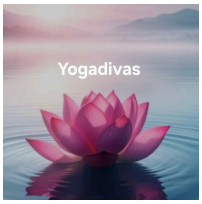
_____
_____
_____
_____
_____
_____

Which aspects of yoga are you and your child most interested in? (Check more than one)

_____Physical postures
_____Yoga philosophy
_____Breathwork/Pranayama
_____Meditation

Please review the following list and check any health conditions that apply to your child or have applied to them recently.

_____ Arthritis
_____ High Blood Pressure
_____ Low Blood Pressure
_____ Surgery (explain below)
_____ Knee Pain/Injury
_____ Cancer (explain below)
_____ Sciatic
_____ Back Pain/injury
_____ Anaemia
_____ Seizures
_____ Stroke
_____ Heart Conditions
_____ Anxiety
_____ Muscle pain/weakness
_____ Asthma, shortness of breath
_____ Degenerative/Bulging disc
_____ Depression
_____ Scoliosis



Other/Explain:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Is your child currently taking any medications? _____Yes _____No
If so, please list the names and reasons for medications.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I authorize the collection and use of the above personal information as is required for individualised needs being catered for in lessons and related administrative purposes. I understand that all my personal information is confidential and will not be released without my signed consent.

I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my child's good health and physical condition to participate in yoga classes offered by Yogadivas. In addition, I will make my child's yoga instructor aware of any medical conditions or physical limitations before class. My signature verifies that I have my physician's approval for my child to participate. I also affirm that I alone am responsible to decide whether my child can practice yoga and my child's participation is at their own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Yogadivas.

Parent/Carer/Guardian Name: _____

Parent/Carer/Guardian Signature:_____

Date Signed: _____