

Registration & Waiver Form

Please PRINT CLEARLY—thanks!



Child's Name: _____ DOB: _____ M / F

Parent/Guardian/s: _____

Email Address: _____

In case of emergency, contact _____ at _____

I want to hear about other Kid Partners Yoga classes & Kid Partners Events: _____ Yes _____ No

I would like to enroll my child in Kid Partners Yoga class/es:

If your child has a medical or educational diagnosis that would be helpful for us to know, or is currently or has experienced any medical conditions (ex. Injury, asthma, epilepsy...) that the instructors should be informed of, please specify here: _____

If your child is currently taking medications that should be made known to medical personnel in case of emergency, please indicate them here: _____

If your child has any allergies, please note them here: _____

I, the undersigned parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, medical diagnosis, or anything else that may be affected by physical activity, I have consulted with a physician to ensure my child can take yoga classes. I recognize it is my responsibility to notify the instructor of any illness or injury before every yoga class. I understand that the Kid Partners Yoga instructor or assistants, Strictly Pediatrics, or Athletes Unlimited are not liable for any injury or damages to person or property resulting from the taking of the class. I agree that neither I, my heirs, assigns or legal representatives will sue or make other claims of any kind whatsoever against Kid Partners Yoga, Strictly Pediatrics, or Athletes Unlimited for any personal injury, property damages/loss or wrongful death, whether caused by negligence or otherwise.

Parent/Guardian Signature: _____ Date: _____

*KP Yoga activities run by Melissa A. Huse, M.A., CCC-SLP, CYTG
Speech-Language Pathologist & Certified Yoga to Grow Teacher
Kid Partners Yoga is a Yoga to Grow program*

