



Registration & Waiver Form

Child's Name: _____ DOB: _____ M / F
Parent/Guardian/s: _____
Address: _____
City/Zip: _____ e-mail: _____
Telephone: _____ (H) _____ (C) _____ (W)
Pediatrician: _____ phone: _____
In case of emergency, contact _____ at _____

I would like to enroll my child in Kid Partners Yoga classes,

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

If your child is currently taking medications 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 serious illness or injury before every yoga class. I understand that the instructor, assistants, and the hosting facilities are not liable for any injury or damages to person or property resulting from the taking of the class.

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

