

KIDS YOGA Registration

Student's Name: _____

Age and Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

SPECIAL CONCERNS:

Has student ever had any serious injuries (e.g. broken bones)? If YES, please describe injury and when it happened.

Is student currently taking any medication? If YES, please list medication(s).

TUITION: \$252 for 14 session program

Please make check payable to: **Jennifer Brilliant Yoga**

Mail or drop off: 732A Carroll Street
Brooklyn, NY 11215

TUITION REFUNDS:

Cancellations before 9/8/08 @ 100%; Cancellations before 9/15/08 @ 50%; No refunds after 9/22/08.

Agreement of Release and Waiver of Liability

To obtain the best results from your practice and participation and to avoid any misunderstandings, it is requested that you acknowledge the following:

1. I am participating in yoga classes offered by Jennifer Brilliant Yoga and Personal Training, LLC, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and that yoga is comprised of positions and movements which I may not have experienced and of which I am not aware. I am fully aware of the risks and hazards that may be involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition which would prevent my physical participation in yoga classes.
3. In consideration of being permitted to participate in yoga classes, I agree to assume full responsibilities for any risks, injuries, or damages, known or unknown, which I may incur or sustain, as a result of participating in yoga classes.

Date: _____ Signature: _____