

Date: _____ Location: _____ Remind: _____ MC: _____

Let Me Be Great Children's Yoga REGISTRATION FORM

www.LetMeBeGreatChildrensYoga.com

"Yoga activities for children of all ages and abilities"

Child & Family Information: (Please fill out entirely)

First Name: _____ Last Name: _____ Nickname: _____

Age: _____ Date of Birth: _____ Sex: Female Male

Parent's / Guardian's Full Name(s): _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Work: _____

E-Mail: _____

Agree to: (Circle all that apply) Calls Text/ Remind E-mail Newsletter Social Media

Emergency Contact Person _____ Phone # _____ Authorized Pick Up Persons : _____

Medical Information

List all known diagnoses, special needs, physical limitations, sensory needs or health conditions:

Has your child ever had a seizure? No Yes – If "Yes" please describe:

List all known allergies: _____

Other Information:

What do you hope that your child will gain from this series of yoga classes?

Are there any special "themes" that you feel may captivate your child's interest?

Is there anything special about your child that the yoga teacher should know (likes, dislikes, fears, behavior issues, etc.)?

Will any siblings be joining your child in our yoga classes ? If yes, please list names and ages.

How does your child respond in groups? interacts easily, tends to be shy, tends to "act out" or misbehaves in front of groups?

How well does your child follow instructions? easily instructions may need to be repeated sometime refuses often refuses?

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How did you hear about LMBGCY classes ? Referral, Facebook, MyActiveChild.com, Flyer, Business Card, Brochure , Poster, Email, School /PTA , Daycare (Please list) Groupon, Newspaper, Google, Newsletter , Other, Ect.

Payment Options : LMBGCY accepts cash, and credit card/debit card payments. Credit card payments can be made via the Eventbrite.com link , Square, Venmo & Paypal when registering online. LMBGCY is not responsible for any additional fees for credit card usage. There is a \$40 fee for all payments that are returned for non-sufficient funds. Checks can be made out to Let Me Be Great Children's Yoga.

Consent, Release of Liability Disclaimer & Notices (please read carefully)

I certify that I am the parent or legal guardian of the child I am registering, and do hereby consent to his/her participation in the Let Me Be Great Children's Yoga classes and events. I certify that my child is capable of participating in the program and have disclosed all relevant medical information regarding my child to Let Me Be Great Children's Yoga, LLC.

On behalf of myself, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release, hold harmless, defend and indemnify the Let Me Be Great Children's Yoga LLC, their officers, directors, employees and agents, from any and all costs, claims, losses, liabilities or damages arising from or in any way related to, my child's participation in the Let Me Be Great Children's Yoga. I intend this release and indemnity to be effective, regardless whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against either the Let Me be Great Children's Yoga, LLC or their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Consents:

1. I give consent for my child to participate in Let Me Be Great Children's Yoga Classes for children with all abilities during which they will receive information and instruction about yoga, including yoga exercises/poses, breathing, and relaxation techniques.
2. In the event of injury to myself or child, I hereby give consent to contact emergency assistance if needed.
3. I understand that the registration and other fees are non-refundable and that refunds will not be given if a child / parent misses a session. Make-up sessions will only be offered only if Let Me Be Great Children's Yoga cancels a class due to weather or personnel issues.
4. I give permission for me or my child to be photographed and/or videotaped while participating in the yoga class. These photographs will be the property of Let Me Be Great Children's Yoga , LLC and no compensation will be given to my child or me if these photographs are used. I understand the photographs / videos will be used for marketing, public relations, or training purposes only. Parents will be able to view any pictures or videos that are posted on our website, social media, blog, or YouTube channel.
- 5.) Waiver / Release for Communicable Diseases Including COVID-19

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;

Name of Parent / Guardian: _____

Parent / Guardian Signature: _____ Date _____