



New Student Form: Adult with Minor

PARENT

Name of Parent or Guardian (*please print*)

Address _____ ZIP _____

Best Phone #: _____ Email: _____

Would you like to be updated on studio happenings via our bi-monthly email newsletter? YES No, thank you

MINOR(S)

Minor's Name: _____ Date of Birth: _____/_____/_____ Age: _____

MM DD YYYY

Minor's Name: _____ Date of Birth: _____/_____/_____ Age: _____

MM DD YYYY

****Are there any physical conditions of the above minor(s) that the instructor should be aware of?**
(This information is confidential. The more your teacher knows the better he/she can help individualize your practice during class.)

None Yes, please explain: _____

In consideration for my child's participation in The Yoga Connection's Yoga for Kids, I, the parent/guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I also hereby state the student(s) listed above are physically fit to take part in these classes and do so of their own free will. I agree to hold harmless the Owners, Directors, Volunteers and Instructors of The Yoga Connection regarding my child's participation.

Signature of Parent/Guardian: _____ **Date:** _____