

Adventure Family YOGA

Registration

Adult's Name: _____

Kid's Name: _____

Kid's Age and Birth Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

SPECIAL CONCERNS:

Have either you or your kids ever had any serious injuries (e.g. broken bones) or surgery? If YES, please describe injury and when it happened.

Are you currently taking any medication? If YES, please list medication(s).

TUITION: \$160.00 for eight session program

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

Mail to: Jennifer Brilliant
732A Carroll Street
Brooklyn, NY 112125

TUITION REFUNDS:

Cancellations before 10/6/07 @100%; Cancellations before 10/13/07 @ 50%; No refunds after 10/20/07.