

# 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.

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

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Please Specify: Mon 3:30 (Ages 7 – 9) \_\_\_\_\_ or Mon 4:30 (Ages 10 – 16) \_\_\_\_\_ or Wed 4:00 (Ages 10 – 16) \_\_\_\_\_

**TUITION:** \$200 for 11 class program: Mondays: Jan 9 – Apr 2 or Wednesdays Jan 11 – Mar 28

Please make check payable to: **Jennifer Brilliant Yoga**  
Mail or drop off: 732A Carroll Street  
Brooklyn, NY 11215

**TUITION REFUNDS:**

Cancellations before 1/9/12 @100%; Cancellations before 1/16/12 @ 50%; No refunds after 1/23/12.

**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: \_\_\_\_\_