KIDS YOGA Registration

Student's Name:	
Age and Birth Date:	
Parent/Guardian Name:	
Address:	
Phone: Email:	
Emergency Contact:	-
<u>SPECIAL CONCERNS</u> : Has student ever had any serious injuries (e.g. broken bones)? If YES, please and when it happened.	
Is student currently taking any medication? If YES, please list medication(s).	
Please Specify: Mon 3:30 (Ages 7 – 9)or Mon 4:30 (Ages 10 – 16) Wed 4:00 (Ages 10 – 16)	or
<u>TUITION:</u> \$126 for 7 class program: Mondays: May 2 – June 20 or Wednese June 15	lays May 4 –

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

TUITION REFUNDS:

Cancellations before 5/2/11 @100%; Cancellations before 5/9/11 @ 50%; No refunds after 5/16/11.

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 voga 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: