

REGISTRATION FORM Move Your Body! 2019



Name of Child _____ Date of Birth _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____

Home Phone _____ Work Phone _____

Emergency Contact name and phone _____

Physician & Phone # _____

It is advised that you consult your physician before your child's participation in any exercise activity.

Tell us any special interests, hobbies, or other information that will help us know your child:

Please complete the following information:

My child will attend the week: October 2nd – November 20th

Check number of students: __ Student(s) **\$80 per student**

Method of payment: **Check** **Cash**

Please return the signed form to: WD Williams Elementary **OR Mail to** Brandon Hudson,
315 Richmond Ave. Swannanoa, NC 28778.

Payment & Registration Form due on the first day of class.

Parent's Signature _____

Date _____ **Payment due** _____

****Be sure to complete the medical information and release form on the back.**

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Please help us provide a safe and positive experience for your child by completing the following information. Circle any condition that would inform us about your child's health.

Special Needs Diagnosis
History of Cardiac Conditions
Seizures
Respiratory Problems

Asthma
Allergic Reactions
Recent Injuries
Recent Illness or Surgeries

Please explain any condition you circled:

Does your child take any medications that would affect his/her participation in the activities OR will need to be administered? Please be specific:

RELEASE OF LIABILITY WAIVER FORM

1. As in the case with any physical activity, the risk of physical injury, whether minor or serious and disabling, cannot be entirely eliminated. I know of no physical or mental condition that would prevent my child from participating in yoga activities, exercises, or instruction. I will inform the instructor of any health or mental conditions that may prevent my child from safe participation in yoga (unless otherwise indicated above).
2. I voluntarily give up certain legal rights and possible claims, demands, and rights of action which are or may be related to or arise out of my child's participation in yoga instruction, and release Brandon Hudson Yoga, its officers, owners and employees from any omissions, acts or negligence of any sort.
3. I DO/ DO NOT (please circle one) give permission to use photographs or video of myself or my child for promotional purposes. I understand that my child will not be identified by name or will any compensation be extended for such use.
4. I have fully read this Release of Liability Waiver Form carefully.

By signing this Release of Liability Waiver Form, I acknowledge that I fully understand and voluntarily accept its statements.

Parent's Signature _____

Print Name and Date _____

THANK YOU!