




Bronwyn Wilson, Director & Founder

www.stretchysoulsyoga.com.au

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0402 788 230

 Stretchy Souls Yoga

**STRETCHY SOULS YOGA FOR KIDS
TERM 4, 2024, THURSDAY 3.30-4.15pm - 10 WEEK PROGRAM
REGISTRATION & WAIVER FORM**

The information supplied by you on this form will be treated as strictly confidential. Complete and accurate information will allow us to personalise the class for your child. Stretchy Souls Yoga Instructors are formally trained, carry a Blue Card and will make every effort to ensure the health and safety of your child during the class.

First class Thursday 3 October 3.30-4.15pm (Week 1, Term 4)
Last class Thursday 4 December 3.30-4.15pm (Week 10, Term 4)

Child's Full Name: _____

Child's Gender: _____ DOB: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Address: _____

Emergency Contact & Number: _____

What are your child's strengths? _____

Are there any injuries, ailments, medical conditions, allergies, phobias, learning difficulties, or medications that our instructors should know about your child?

What is your child's favourite activity, food, animal, colour (or anything else meaningful to them)? _____

I DO/DO NOT (circle one) allow Stretchy Souls Yoga for Kids and Clayfield Yoga Studio permission to use photographs of my child for any yoga promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.




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Release and Waiver:

I, _____, parent/guardian of _____
Parent/Guardian Name Child's Name
agree without reservation to the following:

My child has permission to attend a yoga class at Clayfield Yoga Studio with Stretchy Souls Yoga for Kids.

My child is participating in classes during which they will receive information and instruction about yoga and health. I recognise that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga. I represent and warrant that my child has no medical condition that would prevent their participation in physical fitness activities.

In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries, damages, known and unknown, which my child might incur as a result of participating in the program. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building, for injuries or damages that my child may sustain as a result of participating in classes or workshops held at Clayfield Yoga Studio with Stretchy Souls Yoga for Kids.

I agree that Stretchy Souls Yoga for Kids and Clayfield Yoga Studio are not responsible in the event of loss, damage, unauthorised use, theft or injury resulting from and to any personal property that my child or I bring onto the premises.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Payments can be made via bank transfer into the following account:

Name: Bronwyn Wilson BSB: 484-799 Account Number: 002619709 (be sure to add the zero's!)

Price: \$240 – One weekly class over 10 weeks (Week 1 – Week 10, Term 4);
\$130 – Pack of 5 Classes; \$28 Casual/Drop in class

Thank you for your business and for sharing the joy of yoga with our growing humans!

Stretchy Souls Yoga for Kids
ABN: 45 954 626 267

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