

Bronwyn Wilson, Director & Founder

www.stretchysoulsyoga.com.au

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Stretchy Souls Yoga

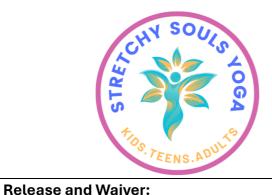
STRETCHY SOULS YOGA FOR KIDS **REGISTRATION & WAIVER FORM**

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.

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, m	nedical conditions, allergies, phobias, learning ur instructors should know about your child?
What is your child's favourite activ	vity, food, animal, colour (or anything else meaningful

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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😚 Stretchy Souls Yoga	1
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,, 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 nazards 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. represent and warrant that my child has no medical condition that would prevent their participation in physical fitness activities.
n 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.
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.
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!)

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 Bronwyn Wilson

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