

# Omtastic Yoga Registration Form

Student's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Caregiver: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact and Number: \_\_\_\_\_

Doctor Name and Number: \_\_\_\_\_

Please list all known allergies, physical limitations, concerns and goals:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

## **Liability Disclaimer & Notices: please read carefully**

I individually and as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Omtastic Yoga the following release from liability:

A. I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Omtastic Yoga from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the Omtastic Yoga program.

B. No refunds will be given after initial class session.

C. I agree / disagree to give Omtastic Yoga permission to use photographs of myself or my child for any Kids promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_