



**FAMILY & EMERGENCY CONTACT INFO  
FOR MINOR TEEN AGES 15 – 17+**

**DATE:** \_\_\_\_\_

**TO BE FILLED OUT BY TEEN:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**AGE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PHONES: H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

**Email address** \_\_\_\_\_

You will receive emails related to your account (e.g., sales receipt, expiration date reminder). May we also send you our newsletters (e.g., new classes, class cancellations, Yoga-related workshops, special offers)? Yes  No

**YOUR PRACTICE:**

What is your previous Yoga experience?

None  Occasional  Wkly/Mnthly  Daily

Assisting is an effective way to help you learn Yoga, including visual, verbal or by placing a hand on your back, shoulder, knee (for example) to guide you into and out of a posture. If you **DO NOT** wish to be touched, or have specific areas that you do not want to be touched (e.g., feet), please let us know on this form on in person.

**DO NOT** use hands-on in assists  ever  
 avoid these specific areas \_\_\_\_\_

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**TO BE FILLED OUT BY RESPONSIBLE ADULT:**

**TWO ADULT CONTACTS ARE REQUIRED:**

1. **PRIMARY CONTACT:** \_\_\_\_\_

**RELATIONSHIP TO TEEN** \_\_\_\_\_

**ADDRESS** (if different from Teen's) \_\_\_\_\_

**PHONES: H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

**Email address** \_\_\_\_\_

2. **SECOND CONTACT:** \_\_\_\_\_

**RELATIONSHIP TO TEEN** \_\_\_\_\_

**ADDRESS** (if different from Teen's) \_\_\_\_\_

**PHONES: H** \_\_\_\_\_ **W** \_\_\_\_\_ **C** \_\_\_\_\_

**Email address** \_\_\_\_\_

- One of the above people will always drop off & pick up daughter/son in the office
- My daughter/son has my approval to arrive and leave without a parent or guardian.

**PLEASE FILL OUT THE REVERSE SIDE**



**HEALTH AND RELEASE FORM FOR MINOR TEEN AGES 15 – 17+  
TO BE FILLED OUT BY A PARENT OR GUARDIAN**

**TO BE FILLED OUT & SIGNED BY RESPONSIBLE ADULT:**

It is always advisable to consult your physician before embarking on any exercise program. The following is meant to help us understand any special needs your child may have in participating in this class:

1. **TEEN'S NAME** \_\_\_\_\_
2. Please **list any medical or health issues, or injuries** that could affect your teen's ability to participate in this class (e.g., seizure disorder, diabetes)

As professionals, we are responsible for providing competent Yoga instruction. We are not responsible for ensuring the safety of students beyond providing competent instruction. By signing this form, you hereby release Toni Bradley, Serenity Yoga Center, and any Yoga instructor teaching at Serenity Yoga Center from any and all liability for injuries that are not directly and proximately caused by professional negligence, and for safety of the child once she/he leaves the studio/office area.

Serenity Yoga Center is a member of a network of yoga studios affiliated with Kripalu® Center for Yoga and Health, Lenox, Massachusetts. This yoga studio, like all Kripalu-affiliated yoga studios, is independently owned and operated. Kripalu® Center for Yoga and Health is neither responsible nor legally or financially liable for the activities conducted at this yoga studio.

- I have read, understand and accept the content of this Professional Disclosure and Release Form.
- I certify that the above minor child is fully able to safely participate in class.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_

**PLEASE FILL OUT THE REVERSE SIDE**