



**FAMILY & EMERGENCY CONTACT INFO
FOR MINOR CHILD UNDER AGE 15**

TODAY'S DATE: _____

CHILD'S NAME _____

ADDRESS _____

HOME PHONE _____ AGE _____ DATE OF BIRTH _____

CONTACT INFO – TWO CONTACTS ARE REQUIRED:

PRIMARY CONTACT: _____

RELATIONSHIP TO CHILD _____

ADDRESS (if different from Child's) _____

PHONES: H _____ **W** _____ **C** _____

Email address _____

SECOND CONTACT: _____

RELATIONSHIP TO CHILD _____

ADDRESS (if different from Child's) _____

PHONES: H _____ **W** _____ **C** _____

Email address _____

Please list anyone else who is authorized to drop your child off or pick your child up, or who may be a contact in case we cannot reach either parent in case of an emergency; **OR check the box below if your child will be arriving and leaving with out a parent or guardian.**

1. **NAME** _____

RELATIONSHIP TO CHILD _____

PHONES: H _____ **W** _____ **C** _____

2. **NAME** _____

RELATIONSHIP TO CHILD _____

PHONES: H _____ **W** _____ **C** _____

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

PLEASE FILL OUT THE REVERSE SIDE



**HEALTH AND RELEASE FORM FOR MINOR CHILDREN UNDER AGE 15
TO BE FILLED OUT BY A PARENT OR GUARDIAN**

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. **CHILD'S NAME** _____
2. Previous Yoga experience **Yes** **No**
3. Please **list any medical or health issues, or injuries** that could affect your child's ability to participate in this class (e.g., seizure disorder, diabetes)

4. Please **list any behavioral issues** that could affect your child's ability to participate in this class (e.g., shyness, ADD/ADHD,)

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 _____

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