



Office Use Only	
Check # _____	Amount \$ _____
Credit Crd _____	Owed \$ _____
Name _____	

ZOOGA SCHOOL REGISTRATION FORM

Dates: _____ (mm/dd/year) # of weeks: _____

Call 310-839-6642 or Email info@zoogayoga.com for payment

1 Child's Name: _____ BDay: _____
School: _____ Grade: _____ Room: _____ Teacher: _____

2 Parent(s) Full Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
E-Mail(s): _____

3 Emergency Contact Name: _____ () _____ Relation: _____

4 Pickup Information: _____
Please note that all yoga students must be picked up promptly at the end of class. A parent or guardian must come to the class location to pick the child. Or/AFTER-CARE NAME: _____
My child will be picked up by: 1. _____ (name of adult) or;
2. _____ (name of adult)

6 Waiver/Release:
I individually and as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Zooga Yoga, LLC 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 me 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 Zooga Yoga, its owners, directors, members, employees and agents 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 Zooga program.

B. I agree and understand that there is a \$25 processing fee for all returned checks.

C. I agree that I, and/or my child, will not attend class if ill. Please plan alternative care.

D. I **AGREE** to give Zooga Yoga permission to put me on the mailing list and to use photographs &/or videos of myself or my child for any Zooga Yoga promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Parent /Guardian Signature _____ Date: _____

Payment Total: \$ _____ *To be paid at beginning of session.
(Please make checks payable to: Zooga Yoga; Credit Cards welcome by calling Zooga Yoga directly at 310-839-6642)