



### Zooga Yoga Family Registration Form

Today's Date: \_\_\_\_\_

Child(s) Full Name: \_\_\_\_\_

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

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

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

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

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

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

Email: \_\_\_\_\_ Twitter: @ \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Child's School/Preschool: \_\_\_\_\_ Grade: \_\_\_\_\_

**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 Zooga Yoga South Bay the following release from liability to the fullest extent permitted by law and agree that all terms hereof shall apply to all future visits to Zooga Yoga South Bay:

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 South Bay, 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. In the event that medical attention is needed for myself, or any of the minors listed above, I represent I have the authority to and hereby do grant permission for basic first-aid and assistance to be administered by Zooga Yoga South Bay staff. In the event that professional medical treatment is required, I grant Zooga Yoga South Bay permission to call 911 and authorize medical care to be administered by a trained medical professional.

C. I have read and understand all Cancellation and refund Policies listed on the Zooga Yoga South Bay website. I am also aware that there may be a fee for no shows.

D. I agree that I authorize Zooga Yoga South Bay to charge my credit/debit card on file for all outstanding classes due past 15 days.

E. I agree that I, and/or my child, will not attend class if ill. **Please be mindful of other children & read sick policy online.**

F. **Zooga is not responsible for any car that is towed in the parking lot. Zooga has 5 parking spots in the back parking lot. Plenty of street parking, please be mindful of street sweeping.**

G. I agree to give Zooga Yoga South Bay permission to put me on the mailing list and to use photographs &/or videos of myself or my child for any Zooga Yoga South Bay 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** (over 18 years of age) \_\_\_\_\_