



506 Spring Road
Elmhurst, IL 60126
630.993.9642

www.yogashalakids.org

YOGA SHALA KIDS & TEENS, NFP STUDENT INFORMATION FORM

Date: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____

E-mail: _____ Cell phone: _____

STUDENTS'S NAME: _____ DOB ____/____/____

SCHOOL _____ GRADE _____ AGE _____

STUDENTS'S PHYSICIAN NAME _____

PHYSICIAN PHONE _____

PLEASE LIST ANY PREVIOUS YOGA EXPERIENCE FOR YOUR CHILD OR TEEN:

PLEASE LIST ANY HEALTH CONCERNS FOR YOUR CHILD OR TEEN:

PLEASE LIST EMERGENCY INFORMATION IF DIFFERENT FROM ABOVE:

PLEASE COMPLETE BACK OF FORM

LIABILITY RELEASE

NOTICE: Before participating in this or any exercise program individuals should consult a physician. Individuals under 18 years of age must have Liability Release waiver signed by a parent or legal guardian.

VOLUNTARY PARTICIPATION: I, the undersigned, acknowledge that I have voluntarily chosen and request my child to participate in the yoga class, workshop, event or activity sponsored by Elmhurst Yoga Shala, Inc. and/or Yoga Shala Kids & Teens, NFP.

ACKNOWLEDGEMENT: I am aware that participation in the yoga class, workshop, event or activity may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility may be required. I represent that my child possess the level of health to participate in these activities. I am voluntarily allowing my child to participate in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries my child may sustain due to his or her participation in these activities.

RELEASE: In consideration for my child being permitted to participate in the yoga class, workshop, event or activity, I agree that I, my child, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue, or attach the property of any of the hosts, instructors, organizers, or participants in the yoga class, workshop, event or activity including but not limited to Elmhurst Yoga Shala, Inc. and/or Yoga Shala Kids & Teens, NFP for injury or damage resulting from my participation. I release all such hosts, instructors, organizers, and participants, their agents and heirs from any and all actions, causes of action, lawsuits, claims, or demands that I, my child, my assignees, heirs, guardians, and legal representatives, now have or hereafter may have for any and all injury, illness, loss of or damage to property associated with my child's participation in the yoga class, workshop, event or activity.

I have carefully read this agreement and fully understand its contents. I have signed this release form freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages that my child may sustain due to yoga classes, workshops, events and activities with Elmhurst Yoga Shala, Inc. and/or Yoga Shala kids & Teens, NFP and all such hosts, instructors, organizers and participants.

Please read the release information and sign below.

X _____
(parent or legal guardian on behalf of minor)

Date _____



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