

# Kids' Yoga

## Registration Form

Please Fill out and mail form and check to:

Checks Payable to Ashley Self

891 Virginia Ave, Apt. 4D

Atlanta, GA 30306

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Class (please check):

\_\_\_\_\_ Thursdays 3:30-4:15pm @NUMC (Room 331B)  
January 26-March 22, 2012

### Waiver

I, \_\_\_\_\_, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I certify that my child is in good health and recognize that it is my responsibility to notify the instructor of any serious illness or injury before every yoga class. I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Any Questions?

Contact Ashley @ [ashleyself@gmail.com](mailto:ashleyself@gmail.com)