

Troy Youth Assistance

4420 Livernois Rd., Troy, MI 48098

Registration Form: Yoga February 2019

Student Information:

Name: _____ Age: _____

Grade: _____ School: _____

Allergies: _____

Parent Information:

Name/s: _____

Best Phone Number: _____

E-mail: _____

Yes, I give permission for the above child to be photographed for possible inclusion in TYA documents/media.

No, I do NOT give permission for the above child to be photographed for possible inclusion in TYA documents/media.



Yoga Class Waiver

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name/Phone of Emergency Contact: _____

It is your responsibility to inform the instructor of your limitations before class begins.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages which may occur through participation in this yoga class.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in yoga classes. I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I realize I am participating in yoga classes at my own risk.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the instructor, Mary Beth Halushka. I hereby release the instructor from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class. **Those under 18 years of age must have this form signed by a parent or guardian.**

Name (Print)

Signature

Date

Parent/Guardian

Signature

Date