

YogaKids Registration Packet

Greetings,

Thank you for your interest in the YogaKids class at Madison Country Day School. I am very excited to get to know your child. The group will meet on Wednesdays from 3:30-4:30 p.m. on March 3, 10, 17, April 7, 14, 21. The cost for the five-week session is \$70.00 and is due prior to or on the first day of class.

If you would like to have your child participate in YogaKids, please complete the enclosed registration form and return them to MCDS.

Please include the program fee with your registration forms. Checks are payable to Lisa Hoeme.

Please have your child bring a yoga mat or towel and wear comfortable clothing.

If you have additional questions or concerns, please contact Lisa Hoeme at [lisanicolejh@sbcglobal.net](mailto:lisanicolejh@sbcglobal.net)

Best regards,

Lisa Hoeme, MS, CYKF

## YogaKids Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital to use in case of emergency: \_\_\_\_\_

Individuals authorized to pick up child from YogaKids (other than parents named above). *We will not release your child to any person who is not listed on this form without your written consent. Anyone other than parents named above must show a photo ID to pick up your child.*

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

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

### **Parental Consent – Participation**

I consent to my child's participation in Yogakids at MCDS. I also consent to and authorize the provision of emergency medical treatment for my child until I can be contacted, and agree to be responsible for the cost. I understand that it is my responsibility to notify my instructor in writing regarding any medical, dietary, or behavioral information that is relevant to my child's participation and safety in YogaKids activities. Before starting any new physical activity program, it is suggested to consult your physician.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Liability Release Statement**

I understand that any physical activity program contains risk of injury. By signing below, I release Lisa Hoeme, MS, CYKF and Madison Country Day School from liability should my child be hurt during participation in the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parental Consent – Photographs & Film**

I allow photo or video images to be taken of my child during participation in the YogaKids class at MCDS. Photographs or video of your child will be shared with you.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I allow photos or video images of my child to be used for advertising YogaKids classes, in yoga classes (as examples), or in teacher trainings.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request to be notified when my child's image is used: \_\_\_\_ yes \_\_\_\_ no

## Child Profile

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Child's special Interests or hobbies:

Child's special skills, abilities, strengths:

Special medical, dietary, or behavioral issues. Check all that apply, and provide details to help ensure your child's safety.

NO	YES	SPECIAL CONCERN	DETAILS
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies/ Dietary Restrictions	
<input type="checkbox"/>	<input type="checkbox"/>	Non-Food Allergies	
<input type="checkbox"/>	<input type="checkbox"/>	Safety Concerns	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Conditions	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	

In case of emergency, it may be necessary to tell medical personnel about your child's medications. Please list all medications your child is currently taking (including asthma inhalers):

Please describe any information that we should know about your child: