



**Smiling Monkey Yoga
Registration Form**

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: _____

Emergency Contact and Number: _____

Doctor Name and Number: _____

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

How did you hear about us? _____

Class _____ **Package** _____ **Drop-in** _____

Limited 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 Smiling Monkey Yoga, Inc the following release from liability:

- 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 my 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 or participating in this program and discharge and hold harmless Smiling Monkey Yoga, 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 Smiling Monkey Yoga program.
- B. I agree/disagree to give Smiling Monkey Yoga permission to use photographs of myself or my child for any Smiling Monkey Yoga promotional materials. I understand that my child will not be identified by name, now will any compensation be extended for such use.

Parent/Guardian Signature _____