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## THE YIN YOGA CENTER

19555 E. Parker Square Dr., Suite 102  
Parker, CO 80134  
303-840-0411

### Team Registration Form – Ponderosa Poms

Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Join our Birthday Club and receive a gift on your birthday. Birthdate: \_\_\_\_\_

#### Emergency Contact Info

Name of Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ OR \_\_\_\_\_

How did you hear about The Yin Yoga Center? \_\_\_\_\_

Does your child have any allergies, sensory conditions, or health concerns? Y / N

Please describe: \_\_\_\_\_

\_\_\_\_\_

Is there anything else about your child that you would like us to be aware of? Y / N

\_\_\_\_\_

\_\_\_\_\_

(over)

## Team Registration Form

(continued)

Please tell us your goals/reasons for enrolling your child/teen in classes at the Yin Yoga Center. (Check all that apply, circle most important)

- |  |  |
|--|--|
| <input type="checkbox"/> Focus/Attention Span                  | <input type="checkbox"/> Fitness             |
| <input type="checkbox"/> Character Development                 | <input type="checkbox"/> Flexibility         |
| <input type="checkbox"/> Foster Creative Thinking              | <input type="checkbox"/> Sports Conditioning |
| <input type="checkbox"/> Develop positive communication skills | <input type="checkbox"/> Nutrition           |
| <input type="checkbox"/> Other: _____                          |  |

### Permissions

Please initial all that apply and sign the liability waiver on the back.

\_\_\_\_\_ **Photo Release** – By initialing here, I give my permission to The Yin Yoga Center to use photos of my child for publicity purposes. I understand that photos may be taken during classes or birthday parties.

\_\_\_\_\_ **Photo Exclusion** – By initialing here, I am choosing to exclude my child from any photos taken during classes or events at The Yin Yoga Center.

\_\_\_\_\_ **Scented Oils** – By initialing here, I give my permission for instructors and/or staff of The Yin Yoga Center to give my child a drop of essential oil at the conclusion of yoga class.

\_\_\_\_\_ **Head Massage/ Back Rub** – By initialing here, I give my permission for the instructor of The Yin Yoga Center to give my child a head massage or back rub during the final rest at the conclusion of yoga class.

## Agreement of Release and Waiver of Liability

### Yoga for Teens

I, \_\_\_\_\_, as the legal parent/guardian of \_\_\_\_\_, hereby agree to the following:

1. That my child is participating in the Yoga for Children/Teen Classes offered by Roberta Whitney Hughes at The Yin Yoga Center during which my child will receive information and instruction about yoga. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the Yoga for Children/Teen Classes. I represent and warrant that my child is physically fit and my child has no medical condition which would prevent him/her from full participation in the Yoga for Children/Teen Classes.
3. In consideration of being permitted to participate in the Yoga for Children/Teen Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which my child might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga for Children/Teen Classes, I knowingly, voluntarily and expressly waive any claim I may have against Roberta Whitney Hughes and The Yin Yoga Center for injury or damages that my child may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Roberta Whitney Hughes or The Yin Yoga Center for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

_____	_____
Date	Signature of Parent or Guardian
_____	_____
Date	Signature of Teen