



# YOGA CLUB MEMBERSHIP FORM

PHOTO  
HERE

## STUDENT INFORMATION

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Days attending:

☐ Sunday/Tuesday 1:45 - 2:45 (Grade 1 - 5)

☐ Sunday/Tuesday 3:15 - 4:15 (Grade 6 - 8)

Does your child suffer from any medical conditions/allergies that the club/teacher should be aware of?

\_\_\_\_\_

### Emergency contact details: (if different from above)

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

Relationship to child: \_\_\_\_\_ Mobile: \_\_\_\_\_

## CONSENT

- I/we agree to my child taking part in the activities of the club.
- I/we confirm to the best of my knowledge that my child does not suffer from any medical condition other than those stated above.
- I/we understand and consent that the teacher will occasionally provide hands-on adjustments.
- I/we understand that the club or organizers accept no responsibility for loss, damage, or injury caused by or during attendance on any of the club's organized activities except where such loss, damage or injury can be shown to result directly from the negligence of the club or organizers.
- I/we acknowledge and consent that photographs may be taken for promotional and record purposes during activities which may include my/our child.

Signed:  
(Parent/Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_