



REGISTRATION FOR SUMMER CAMP 2013

Child's Full Name: _____

Age: _____ Date of Birth: _____ Sex: _____

Name of school: _____

Class: _____

Parent/Guardian Full Name: _____

Parent/Guardian Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile: _____ Phone: _____

Email: _____

Emergency Contact Name and Number:

Doctor Name and Number: _____

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

How did you hear about us? _____

Liability Disclaimer & Notices: please read carefully

I individually and as parent and/or guardian of the minor child identified above hereby
Cacknowledge the following notices and grant to MMIYAM the following release from liability:

A. I acknowledge and fully understand that 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 child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child or my child's participation. I assume the prior risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless MMIYAM, 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 MMIYAM's YOGA FOR CHILDREN program.

B. I agree that the fees for registration and the program is non-refundable.

Parent /Guardian Signature: _____

Date: _____