



Registration Form

Yogi (teen) First Name:

Last Name:

Physical Limitations, Goals, Concerns, and/or Known Allergies:

Parent/Guardian First Name:

Last Name:

Street Address:

City:

State:

Zip:

Email:

Mobile #:

Work#:

Home#:

Emergency Contact:

Relationship:

Best phone #:

Alternate phone #:

Pediatrician:

Phone #:

Please Read and give consent:

I, individually and as parent/guardian of the minor identified above, hereby acknowledge the following notices and grant Next Generation Yoga® with Cindy Leshner the following release: **Liability Release:** I acknowledge that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge that I have been advised 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 child's participation in the NGY program. I assume the foregoing risks, and accept personal responsibility for any personal injury sustained by my child and hold harmless NGY, its owners, directors, members, officers, teachers, 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 my or my child's participation in the NGY program provided, however, that the foregoing shall not apply to the intentional or grossly negligent acts of NGY. **Photographs:** I acknowledge that my child may be photographed during NGY classes and these photographs, which shall be owned by NGY, may appear in NGY promotional materials unless otherwise specified. No child whose photograph is used will be identified by name, nor will any compensation be extended for such use. **Cancellations and Changes:** Missed classes are non-transferable and non-refundable. If a written request is received before the second attended class of a series, a prorated refund will be issued less a \$25 processing fee. The schedule is subject to change; NGY reserves the right to combine or cancel class and modify teachers.

Parent/Guardian Signature: _____ Date: _____