



McCool Kids Yoga Student Information Form

Student #1 Information

Child's Last Name: _____ **First:** _____

Age: _____ **Birthdate:** mm/dd/yyyy _____

School: _____ **Grade Level:** _____

Medical Information (Please list any conditions, allergies) _____

Does your child have any physical limitations I should be aware of? If so, please list.

Student #2 Information

Child's Last Name: _____ **First:** _____

Age: _____ **Birthdate:** mm/dd/yyyy _____

School: _____ **Grade Level:** _____

Medical Information (Please list any conditions, allergies) _____

Does your child have any physical limitations I should be aware of? If so, please list.

Parent Contact #1

Parent Last Name: _____ **First:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Parent Contact #2

Parent Last Name: _____ **First:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact Information Name _____

Home Phone: _____ **Cell Phone:** _____