

# Student Info Form

## Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_ / \_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Ph#: \_\_\_\_\_

## How Did You Hear About Us?

Referred by (Name, Flyer, Ad, website, etc.): \_\_\_\_\_

## Personal Information

Have you ever taken a yoga class before?  Yes  No  
Are you pregnant?  Yes (Due date: \_\_\_\_\_)  No

Please list any injuries, surgeries, illnesses, or other conditions we should be aware of:

Please initial below to indicate your approval.

\_\_\_\_ I would like to receive periodic offers and information via email (no more than 2 per month).  
\_\_\_\_ I give *McCool Kids Yoga* LLC the right to use images of me for marketing materials and/or website.

## Waiver

I represent & agree as follows:

- 1) All exercise programs involve a risk of injury. By choosing to participate in yoga classes, you voluntarily assume a certain risk of injury. By attending this class, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise.
- 2) I agree to inform my yoga instructor of any activities or movements, which I feel could cause injury to myself. I understand that yoga is not recommended and is not safe under certain medical conditions.
- 3) I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. McCool Kids Yoga LLC and the instructors shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class. I agree to listen to my body and monitor myself during every class session.
- 4) In the event that I am pregnant, I will not attend a class until I have discussed the risks with my obstetrician. I will follow my doctor's recommendations and will not hold McCool Kids Yoga LLC responsible for any injuries to myself or my fetus caused in part or in whole by my failure to follow my doctor's recommendation.
- 5) If I am under 18 years of age, I have disclosed that information to McCool Kids Yoga LLC. In addition to my signature, my parent and/or guardian has signed and dated this waiver of liability at the bottom of this page.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Signature (if student <18): \_\_\_\_\_

*McCool Kids Yoga LLC* and its instructors agree to keep all of the above information confidential.