LET'S GET MOVIN'! LLC YOGA

Any Questions directed to: Alicia Rossman 603-502-8347 aliciarossman@gmail.com

Payment: Checks payable to Let's Get Movin'!

Child's Name:		
Parents Name:	Caregive	r:
Address:		
City: S	tate: Zip:	
Home Phone:	Cell Phone:	
Date of Birth:	Age: Gen	der:
Email (please print clearly):		
Emergency Contact Name:	Phone:	Relation:
Concerns or Limitations, injuries, su	rgeries:	
How did you hear about us?		
Yoga Mats are not provided. Do you	need one? Kids Yoga Mat: \$18	
,	Total Payment:	
Waiver of Liability:		* payment is non-refundable
his/her release for this yoga program. I activities that may involve some risk of injustivations by the participant, which might is hold harmless all instructors, Let's Get Movemployees, representatives and agents har	acknowledge and fully understand that iry. I assume the foregoing risks and actincur as a result of participating in the vin'! LLC, the host studio or other class rmless from any and all loss, claim, inju	ity for this participant, do consent and agree to at the participant will be engaging in physical cept full personal responsibility for any injuries program. I release and agree to indemnify and location, and share holders, directors, officers, ary, damage or liability pertaining to my minor igence, to the fullest extent permitted by law.
	ompensation will be given. I understand	yoga class. The photographs/videos will be the d these will be used for promotional, marketing s taken of my child via email upon request.
Printed Name:	Signature:	Date:
Refer a Friend Name:	Email:	
Name:		
Name:		