

Kid's Yoga Intake Form & Waiver



Belmont Holistic Health
14162 Belmont Rd
Belmont, On
N0L 1B0

Sherry Bettridge
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We would like to ensure your child's yoga experience with Belmont Yoga Barn (BYB) is as safe, effective, and enjoyable as possible. Providing specific details about your child will assist us greatly in this process. If at any time you have questions regarding our sessions, please let us know.

Student's Full Name	Date of Birth	Current Age	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
Parent Full Name	Phone #	Permission to text/call for emergency Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent Email Address	2nd Parent Full Name	Phone Number	
Alternate Emergency Contact Name		Emergency Contact Phone #	

Has your child practiced Kids yoga before? Yes ☐ No ☐

Medical Alert (conditions, injuries, physical limitations, special needs, diagnosis, or medications/side effects). If not applicable, please state N/A

Allergies (food, scents, or other) please note that we "may" provide snacks/drinks and will be doing crafts with your child:

What are the goals for your child within this yoga program?		
<input type="checkbox"/> Strength <input type="checkbox"/> Flexibility <input type="checkbox"/> Balance	<input type="checkbox"/> Stress Relief <input type="checkbox"/> Concentration/Focus <input type="checkbox"/> Coordination	<input type="checkbox"/> Increased body awareness <input type="checkbox"/> Boost self-esteem/confidence <input type="checkbox"/> Other
Please explain "other" here...		

How does your child act in social settings?
What triggers your child?
What comforts your child?
What are your child's strengths? Areas of concern?
Please share any other relevant information to allow us to best support your child during his/her session with us...

The personal information collected on this form is in order to establish a student's identity and to assist us in providing the best instruction and environment for your child. All information will remain private and confidential – only accessible to Sherry Bettridge and the facilitator for this session, Jennifer Dawson.

I, the parent or legal guardian of _____ a minor, understand that yoga includes individual physical movements, supportive touch, group work as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. I declare that my child is physically able and ready to participate in Kids Yoga at Belmont Yoga Barn (BYB). I understand that Belmont Yoga Barn will take all reasonable care to ensure that the classes are safe; however, as is the case with any physical activity, the risk of injury, even serious or disabling, is always

present and cannot entirely be eliminated. If my child experiences any pain or discomfort, my child will listen to his/her body, adjust the posture and ask for support from the teacher (or assistant). Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I affirm that I alone am responsible to decide whether my child practices yoga.

I hereby agree to irrevocably release and waive Belmont Yoga Barn (Sherry Bettridge and Jennifer Dawson) to any claims that I have now or hereafter may have, against any and all Belmont Yoga Barn facilitators. I have read and fully understand the above agreement terms and it is expressly agreed that Sherry Bettridge, Belmont Yoga Barn and it's agents and independent contractors shall not be held liable for claims, demands, injuries, damages, actions or causes of action, whatsoever, to my child or property arising out of or connected with the yoga program or due to a pre-existing condition not disclosed by myself or other persons responsible for my child. My signature below states my full acceptance and concurrence with the terms of this agreement.

Parent Full Name	Date
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Belmont Yoga Barn has the goal to promote Kids yoga within our community and Village; therefore, we use a website, social media accounts and paper/electronic advertisements to assist in achieving this goal.

I give my permission for Sherry and Belmont Yoga Barn to use my child's image (photo or video) for online and print promotions of kids yoga.

Child's Full Name	Parent's Full Name
Date	

Thank you for taking the time to fill out this form. We look forward to spending time with your child in a loved, safe, encouraging, and supportive environment.