

# YOGA Registration Form

[www.fountainofyouthyoga.net](http://www.fountainofyouthyoga.net) 713-598-5579

PARTICIPANTS NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ TEACHER \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

GUARDIAN CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT NAME : \_\_\_\_\_ PHONE \_\_\_\_\_

Adult picking up child? \_\_\_\_\_ Staying Extended Day Yes / No

Yes, I would like to sponsor a child in need to participate in Yoga. You will receive an email confirmation. Please circle one. **Fall Spring Monthly Full Year** \*Call for more information.

Semester Fees vary depending on your school's start date. Find your school online. Annual Registration Fee: \$35.00 Yoga students bring a MAT. No Refunds.

You may pay In Full up front OR Yoga Fees can be divided into **2** payments. 1<sup>st</sup> payment due Before or On the first class. 2<sup>nd</sup> payment due 4 weeks later.

Circle the method of payment, how many days your child will attend weekly and if you are paying in Full or Half. Circle your 3 choices: I agree to pay the amount of \$\_\_\_\_\_ class fees with Pay Pal/ Cash/ Checks/ In Full / Divide Two payments/One class per week/Two Classes per week. Checks payable to: **Sharon D'Amico**

*While we take every necessary precaution to ensure the safety of your child while teaching Yoga at your school, Sharon D'Amico, her assistants, coaches, volunteers and the school is not responsible for any injury or accident occurring as a result of regular class participation. I understand and I agree to all school policies and I give permission for my child to participate in Yoga at school. I agree to pick up on time. I understand there is a minimum of 6 students to make a class. Class will be cancelled and classes refunded and prorated based on attendance. Teacher's keep an attendance book.*

**Parent/Guardian Signature**

**Date**

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