



### PERSONAL INFORMATION

1. Name of teen: \_\_\_\_\_
2. Birthday of teen : \_\_\_\_\_
3. Name of parent/person responsible of teen: \_\_\_\_\_
4. Home address : \_\_\_\_\_
5. Phone number : \_\_\_\_\_
6. Email address : \_\_\_\_\_
7. What are your expectations for this class? \_\_\_\_\_

### MEDICAL INFORMATION

1. In case of emergency, contact : \_\_\_\_\_
2. Emergency contact address: \_\_\_\_\_
3. Emergency contact phone number: \_\_\_\_\_
4. Known medical conditions (injuries, asthma, etc.) : \_\_\_\_\_
5. Allergies : \_\_\_\_\_
6. Medications : \_\_\_\_\_
7. Other relevant information : \_\_\_\_\_

### RELEASE STATEMENT AND WAIVER OF LIABILITY

I declare that my teen is physically fit and ready to participate in the LITTLEFEET YOGA program taught by Catherine Lesage.

I will not hold liable LITTLEFEET YOGA and Catherine Lesage for any accident or injury occurring on or arising from the normal course of the program or due to a pre-existing condition not disclosed by the parent or person responsible for my teen.

I do authorize emergency first aid care to my teen by LITTLEFEET YOGA and Catherine Lesage in the event that my child/teen becomes injured or ill during the program.

LITTLEFEET YOGA and Catherine Lesage have the goal to promote Yoga for Children and Yoga for Teens, therefore a website and advertisements will be created to achieve this goal.

I agree  I do not agree that my teen's picture be used to further this goal. I will be notified of the advertisements when the occasion arises.

\_\_\_\_\_  
Signature of the parent or person responsible of the teen

\_\_\_\_\_  
Date