



The Yoga Project Summer Camp Registration Form

Week(s) of Interest

July 11-15, 2016 ____ July 25-29, 2016 ____ August 8-12, 2016 ____ August 15-19 ____

Personal Information

Name of Camper

Camper Age

Camper Birthday

_____/_____/_____

TYP 100% cotton T-shirt *please note that sizes fit a little snug, so it's suggested to go up one size

Youth Size: ____S (4-6) ____M (6-8) ____L (10-12) ____XL (14-16) ____XXL (18-20) ____XXXL (22-24)

Adult Size: ____XS (0-2) ____S (4-6) ____M(8-10) ____L (12-14) ____XL (16-18) ____XXL (24-26)

Name of parent/guardian: _____

Home address: _____

Home phone number: (_____) _____

Work phone number: (_____) _____

Cell phone number: (_____) _____

Email address: _____

* may we contact you via email with news/updates/offers etc.? ____ **yes please** ____ **no thank you**

Medical Information

In case of emergency, contact: _____

Emergency contact address: _____

Emergency contact number: (_____) _____

Known medical conditions (injuries, asthma, etc.): _____

Health card number: _____

Allergies: _____

Medications: _____

General Information

What are child's interests and what are your expectations of this yoga program?



THE YOGA
PROJECT
EDUCATE & EMPOWER

Release Statement and Waiver of Liability

I declare that my child is physically fit and ready to participate in The Yoga Project's Summer Camp, led by qualified yoga instructors.

I will not hold liable The Yoga Project and/or The Yoga Project instructors for any accident or injury occurring on or arising from the normal course of the program or due to a pre-existing injury not disclosed by the parent or person responsible for my child.

I do authorize emergency first aid care to my child by The Yoga Project instructors in the event that my child becomes injured or ill during the program.

The Yoga Project has the goal to promote yoga for children, therefore websites, social media accounts and advertisements will be created to achieve this goal.

I agree **I do not agree** to have my child's picture taken to further this goal.

Email address

Name of Child

Name of parent or person responsible for the child (PLEASE PRINT)

Signature of the parent or person responsible for the child

Date