



THE YOGA  
PROJECT  
EDUCATE & EMPOWER

## The Yoga Project Summer Camp Registration Form

### Week(s) of Interest

July 9-13, 2018 \_\_\_\_ July 16-20, 2018 \_\_\_\_

### Personal Information

Name of Camper

Camper Age

Camper Birthday

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**TYP 100% cotton T-shirt** \*please note that sizes may shrink, so it's suggested to go up one size

**Youth Size:** \_\_\_\_S (4-6) \_\_\_\_M (6-8) \_\_\_\_L (10-12)

**Adult Size:** \_\_\_\_S (4-6) \_\_\_\_M(8-10) \_\_\_\_L (12-14) \_\_\_\_XL (16-18) \_\_\_\_XXL (20-22)

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### 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.

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Email address

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Name of Child

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

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Signature of the parent or person responsible for the child

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Date