

Śānti Yoga & Wellness of West Boxford

10 Hovey's Pond Drive, Boxford, MA 01921 978-352-8787

www.santiyoga.org

Health Information and Registration Form—Children/Teens

Name & Age(s) of Child/Children _____

Name of Parent/Guardian _____

Address _____

Phone (H) _____ (Cellular) _____

Parent Email _____

Child's Birthday(Day/Month) _____

1. Current state of child's health:

_____ Excellent _____ Good _____ Average _____ Poor

2. Please list any allergies that your child has, including food, materials (such as crayons, latex, markers, glue), etc: _____

3. If your child has any physical, medical, emotional, behavioral, or mental conditions, please describe: _____

4. Is your child taking any long-term prescription or over-the-counter medication? _____ Yes _____ No

4a. If so, please list, and the reason she or he is taking it:

5. Please note any questions you or your child may have regarding participation in this yoga program, including parental concerns (and please note, this is not a ‘Disneyland’ program—although it is geared to be playful and fun, it is a full yogic experience for children and young people, including the physical, mental, emotional, and spiritual aspects of the practice) _____

6. As a professional, certified to teach yoga to children and teens through Color Me Yoga™, Santi Yoga is responsible to provide competent children’s yoga instruction. Santi Yoga is not responsible for insuring the safety of students beyond this duty to provide competent instruction. By signing this form, I hereby release Chris Warner and/or other instructors and the Santi Yoga studio at 10 Hovey’s Pond Drive, Boxford, MA, or at the Caron Family Chiropractic Offices, North Andover, from any and all liability for injuries that are not directly and proximately caused by professional negligence.

I understand that any information offered during a yoga session is done so in the spirit of helping individuals become more conscious of their own physical, emotional, mental and spiritual health. I understand that following instruction is part of any yoga program, and agree to follow instruction, and to discuss with my child the importance of following instruction. I understand and accept that in order to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. Santi Yoga undertakes to ensure that such contact is always applied in a professional manner as required for yoga instruction and correction. Finally, I understand and accept that my child/children and myself adhere to the Santi Yoga contract.

I have read, understood and agree to the content of this professional disclosure and release.

Signature _____

Printed Name and Date _____

~~Namaste~~

Registration form and Student Contract must be completed and returned on or before child’s first class. Otherwise, the child will not be able to participate, our apologies for any inconvenience.

****All checks made payable to: Chris Warner, 10 Hovey’s Pond Drive, Boxford, MA 01921****

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Privacy Statement

I _____ understand and agree to abide by HIPAA guidelines governing the release of any health-related indentifying information collected by **Śānti Yoga & Wellness of West Boxford** (hereafter known as 'SYW').

I _____ (initials) agree that I have been provided with a copy of HIPAA guidelines by SYW and have read and understood the HIPAA guidelines. Available at studio or online.

I _____ (initials) understand that SYW undertakes to ensure that only the designated HIPAA representative is able to access my personal data, and that said data is stored in a safe, secure, and non-public place.

Signature _____

Print Name _____

Date _____ SYW representative: *Chris Warner, M.ed, CPT*