

# Yoga for Kids

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Name	dob
Phone	Mobile
Email	
Address	

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Other sports and exercise

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Reason for child attending

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Please list any medical conditions which may interfere with ability to do this class

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Please list any medication details

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Does your child have any fears...eg...spiders, darkness, loud noises etc..

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How did you find us

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I .....the parent or guardian of.....declare that I have stated all medical conditions and will update teacher of changing conditions. I take full responsibility for my child attending this session.

Parents or guardians  
signature.....date.....

Remember Yoga should be practiced with JOY. This class will encourage self esteem ,focus, flexibility, co ordination ,strength and give tools to aid relaxation , calm and quiet time. Kids Yoga should be fun and playful.....