



## Children and Teen Yoga Health Form

To All Parents:

Please complete this form on behalf of your child. It will allow us to properly assess their personal needs. If you have any questions, please feel free to ask and we are happy to serve you.

Is this your child's first Yoga class? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

General Health Information: Does your child have any of the following conditions?

<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Previously broken bones	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Weight Loss or Gain
<input type="checkbox"/> Blood Conditions	<input type="checkbox"/> Asthma	

Special needs? Please explain, \_\_\_\_\_

\_\_\_\_\_

Any accidents or injuries? Please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child presently taking medication? If so, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

For any child with special needs, has their Doctor given permission to practice Yoga?

\_\_\_\_\_

Please consult your Doctor before your child starts Yoga if they have undergone any form of surgery or are under any medication.

Other necessary information in regards to your health, please explain: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of (child's name) \_\_\_\_\_, hereby release The School of Royal Yoga and all Instructors and Teachers (of The School of Royal Yoga) of all liability and responsibilities pertaining to Yoga classes. I am 18 years of age or older and understand this disclaimer.

Signed: \_\_\_\_\_ for Child's Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Address: \_\_\_\_\_

Class: \_\_\_\_\_

Phone: \_\_\_\_\_

Instructor: \_\_\_\_\_ Email: \_\_\_\_\_

**Would you like to be on our mailing list? Yes/No** *Thank you!*

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