



Simon Says Yoga

ADULT AND KIDS YOGA

www.simonsaysyoga.com simonsaysyoga@gmail.com
4611 F Sangamore Road Bethesda MD
240-505-5448



Wednesdays, K-5

**JANUARY 16/23/30
FEBRUARY 6/13/20/27
MARCH 6/13/20**

WINTER 2018 SESSION

**Fee: 10 Week Sesssion for \$165
Instructor: Gretchen Maisch**

Please pay by check made out to Simon Says Yoga

WAIVER FORM FOR SPECIAL YOGA CLASS

PERSONAL INFORMATION

Student's name: _____ Parent's Name: _____

Mailing address: _____

Cell phone: _____ Home phone: _____ E-mail: _____

Emergency contact _____ Phone: _____
if parent is not available:

Medical information and/or allergies in relation to physical activity:

Age _____ Birth date: _____ Grade: _____ School _____

PLEASE READ CAREFULLY AND SIGN BELOW:

Release Statement and Waiver of Liability: in consideration of the benefits of instruction provided by Shauna Simon, and the facility in which classes are held, i do hereby allow my child to participate in a zumba class and do hereby waive claim and release Shauna Simon and Slmon Says Yoga for claim or liability for any injury or accident occurring on or arisin from my child's participation in the instruction. i authorize emergency first aid care to said student by Shauna Simon in the event he/she becomes injured or ill during the instruction. if the parents and/or guardian of the child are not immediately available at the telephone numbers provided above, i further authorize Shauna Simon to retain the services of a physician or other competent emergency medical persons to treat the child and i accept full financial responsibility for any charges arising from such treatment.

Signature of Parent/Guardian: _____ Date: _____

