



600 Waukegan Rd, Unit 132
Northbrook, IL 60062
847-784-8733
kidnectivity.org

Yoga Class Registration

Participant's Information

Child's Name _____
Date of Birth ____/____/____ Gender: Male Female
Home Phone _____
Address _____
City _____ State _____ Zip _____

Parent/Guardian Information

Parent's Name _____
Parent 1 Cell Phone _____ Parent 2 Cell Phone _____
Parent 1 Email _____ Parent 2 email _____

WINTER SESSION

10 weeks - \$200
January 12 – March 23
(No class February 23)
Saturday's
11:00-12:00pm

Payment Method

Cash Check Credit Card (Visa, MC, Discover)
Card Number ____ - ____ - ____ - ____ Exp Date ____/____ Security Code ____
Billing Address _____
City _____ State _____ Zip _____

NOTE- If you would like us to bill your insurance, please contact us before the 1st class so we can make sure we have an OT or PT available to assist your child.

I understand and acknowledge that my child's participation in this instruction and training is voluntary and I assume all risk associated with it. I further agree to hold harmless KIDNECTIVITY, LLC, and its agents and employees from any cost, damage, injury, or any other claim resulting from my child's participation in or instructional training provided at these yoga classes, health programs or workshops. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the yoga classes, programs and workshops provided by KIDNECTIVITY LLC. I further understand and agree that none of the information provided is medical advice. I understand and agree that my child's participation and use of this information is at our own risk. KIDNECTIVITY LLC has consent to use tapings and photographs of workshops, classes, and other related KIDNECTIVITY LLC events in publications or presentations.

Signature Relationship to participant Date