



Questionnaire



Parent/Guardian Name: _____ DOB: _____

Child's Name: _____ Child's DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Numbers: _____

Emergency Contact: _____ Phone Number: _____

Child's Medical History:

_____ Asthma	_____ Cardiac Problems	_____ Reflux
_____ Spinal Issues	_____ Convulsions	_____ Colic
_____ Bone or Joint Condition	_____ Premature Birth	
_____ Chronic Condition _____		
_____ Other: _____		

Has your child undergone surgery? _____ If so, please detail: _____ Date: _____

What medication does your child receive? _____

Reason for use: _____

Do you have any health or medical issues that we should be concerned with in your yoga practice?

_____ No _____ Yes Please describe: _____

Do you have any previous instruction in yoga? _____ Yes _____ No

If so, please describe: _____

How did you hear about Wee Ones Yoga? _____

What are you and your baby hoping to achieve by participating in the Wee Ones Yoga program?

Thank you for sharing the practice of yoga with your child!



Release Form



In exchange for permission for me and/or for my child to participate in the Wee Ones™ Program and classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Wee Ones Instructor, Debi Hawkins-McLendon, d/b/a Shanti Yoga, its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in the Wee Ones Yoga program or classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the Wee Ones Yoga program and classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Wee Ones Yoga program or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Full Name of child (print) _____

Legal Guardian/Parent's Name (print) _____

Legal Guardian/Parent's Signature _____ Date _____

Photo Release I, being of legal age, hereby consent that my image (TV, print), my child's image (TV, print), and any quote/statement of mine or my child may be used by my Wee Ones Yoga Instructor, Shanti Yoga, and their assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such images and quotes/statements shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such images and quotes/statements as they may desire free and clear of any claim whatever on my part.

Initial here _____ Date _____