

| Child & Family Information | | |
|--|--|---|
| First Name: | Last Name: | Nickname: |
| Age: | Date of Birth: | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| The 1 st Monday of each month at 4:00-4:30pm at the JD McCarty Center, 2002 East Robinson Street, Norman, OK 73071 <input type="checkbox"/> December 3, 2012 (registration deadline: 11/28/12) <input type="checkbox"/> January 7, 2013 (registration deadline: 1/2/13) <input type="checkbox"/> February 4, 2013 (registration deadline: 1/30/13) | | Registration Fee: \$7.00 per child per class. If registering for more than one class, please make out a separate check for each class. <ul style="list-style-type: none"> • Make checks payable to "J.D. McCarty Center". • Payment must be submitted with the registration form. • Put "Attn: Angela Moorad" on the envelope. • A minimum of 7 kids must register to offer each class. |
| Parent's / Guardian's Full Name(s): | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Phone: () | Cell: () | Work: () |
| E-Mail: | Preferred Contact Method(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Work <input type="checkbox"/> E-mail | |
| Medical Information | | |
| List all known diagnoses, special needs, physical limitations, sensory needs or health conditions: | | |
| Has your child ever had a seizure? <input type="checkbox"/> No <input type="checkbox"/> Yes – If "Yes" please describe: | | |
| List all medications your child takes & reason for each: | | |
| Other Information | | |
| What do you hope that your child will gain from this series of yoga classes? | | |
| Are there any special "themes" that you feel may captivate your child's interest? | | |
| Is there anything special about your child that the yoga teacher should know (likes, dislikes, fears, behavior issues, etc.)? | | |
| How does your child respond in groups? <input type="checkbox"/> interacts easily <input type="checkbox"/> tends to be shy <input type="checkbox"/> tends to "act out" or misbehave in front of groups | | |
| How well does your child follow instructions? <input type="checkbox"/> easily <input type="checkbox"/> instructions may need to repeated <input type="checkbox"/> sometime refuses <input type="checkbox"/> often refuses | | |
| How did you hear about the kid's yoga classes at JDMC? | | |
| Consent, Release of Liability Disclaimer & Notices (please read carefully) | | |
| I certify that I am the parent or legal guardian of _____, and do hereby consent to his/her participation in the J.D. McCarty Center's <u>Inclusive Yoga Classes for Kids</u> . I certify that my child is capable of participating in the program and have disclosed all relevant medical information regarding my child to the J.D. McCarty Center. | | |
| On behalf of myself, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release, hold harmless, defend and indemnify the J.D. McCarty Center, their officers, directors, employees and agents, from any and all costs, claims, losses, liabilities or damages arising from or in any way related to, my child's participation in the <u>Inclusive Yoga Classes for Kids</u> . I intend this release and indemnity to be effective, regardless whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against either the J.D. McCarty Center or its officers, directors, employees or agents, relating to any accident, incident or occurrence arising out of, or in connection with, my child's participation in the <u>Inclusive Yoga Classes for Kids</u> . | | |
| In signing this release, I have fully informed myself of the content of this release and I have reviewed it and understand what it means, and this release is signed as my own free act and deed. | | |
| I have executed this release on this _____ day of _____, 2012. | | |
| _____ Signature of Parent / Guardian | _____ Printed Name of Parent / Guardian | |
| Consents: | | |
| 1. I give consent for my child to participate in Inclusive Yoga Classes for Kids at the J.D. McCarty Center for Children with Disabilities during which they will receive information and instruction about yoga, including yoga exercises/poses, breathing, and relaxation techniques. | | |
| 2. In the event of injury to my child, I hereby give consent to contact emergency assistance if needed. | | |
| 3. I understand that the registration fee is non-refundable and that refunds will not be given if a child misses a session. Payment will be returned in the event that there are not enough registrants for that series of classes to be offered. | | |
| 4. Substitution of another child attending in your child's place for an individual class requires approval in advance and is handled on a case-by-case basis. Contact: Angela Moorad (405) 307-2802 direct line with voicemail or amoorad@jdmc.org . | | |
| 5. Make-up sessions will only be offered only if the JD McCarty Center cancels a class due to weather or personnel issues. | | |
| _____ Parent / Guardian Signature: | _____ Date: | |
| 6. I give permission for my child to be photographed and/or videotaped while participating in the yoga class. These photographs will be the property of the J.D. McCarty Center and no compensation will be given to my child or me if these photographs are used. I understand the photographs will be used for marketing, public relations, or training purposes only. Parents will be able to view any pictures or videos that are posted on the J.D. McCarty Center website (www.jdmc.org) or the OMazing Kids Facebook page (www.facebook.com/OMazingKidsYoga), blog (www.omazingkidsllc.com) or YouTube channel (http://www.youtube.com/user/amoorad1). | | |
| _____ Parent / Guardian Signature: | _____ Date: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No pictures or videos | | |