



Guru Girls Yoga: Registration Form

Please complete and submit this form before participating in the guru Girls Yoga Program. If you have any questions, contact Margot Brinley at mbrinley@me.com.

Today's Date: _____

Full Name: _____

Grade: _____ Participant Email Address: _____

Participant Cell Phone: _____

Primary Address: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Other Adult(s) approved for Pick-Up: _____

At what location will you be participating in Guru Girls Yoga? _____

Participant Questionnaire

Have you ever practiced yoga before? Yes or No

If yes, explain: _____

What are you hoping to get out of this experience? _____

Do you have any physical concerns that worry you about participating in this program? Yes or No

If so, please explain: _____

In yoga, instructors sometimes physically assist participants. Are you okay with your instructor physically assisting you? Yes or No

Do you have a friend participating in this program with you? Yes or No

If yes, please list their name: _____

Please list the extracurricular activities in which you participate. _____

Medical Information

Doctor Name and Phone Number: _____

Check any conditions that apply: _____ Allergies _____ ADD/ADHD _____ Asthma

_____ Diabetes _____ Heart Condition _____ Epilepsy _____ Seizures

_____ Dietary Restrictions

If you checked any of these, please explain: _____

I confirm that the information provided has been provided by me and is accurate to my knowledge.

Signature of Parent

Date