



REGISTRATION FORM

CHILD INFORMATION		
Name:		Date of Birth:
Home Address:		
MEDICAL INFORMATION – Child’s Doctor		
Name:		Phone #:
Address:		
Ontario Health Card Number:		
Any allergies, medical or other conditions we should be aware of?		
History of communicable diseases:	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis <input type="checkbox"/> Other	
PARENT/GUARDIAN INFORMATION - Relationship to child		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <input type="checkbox"/> Living with Child?		
Name:		Email Address:
Address (if different from above):		
Work Address:		
Mobile #:	Work #:	Home #:
PARENT/GUARDIAN INFORMATION - Relationship to child		
<input type="checkbox"/> Mother <input type="checkbox"/> _____ <input type="checkbox"/> Father Other _____ <input type="checkbox"/> _____		
Living with Child?		
Name:		Email Address:
Address (if different from above):		
Work Address:		
Mobile #:	Work #:	Home #:
ALTERNATE PICK-UP PERSON INFORMATION		
Name:		Phone #:
Name:		Phone #:
Name:		Phone #:
ALTERNATE EMERGENCY CONTACT		
Name:		Phone #:
Address :		



REGISTRATION INFORMATION (Session runs from March 5th – April 27th, 2018)	
I would like to register my child for:	
<input type="radio"/> <i>Wee Wiggles</i> Mondays 11:30-12:15 6 classes (closed Family Day & Easter Monday)	\$72
<input type="radio"/> <i>Wee Wiggles</i> Thursdays 3:30-4:15 8 classes	\$96
<input type="radio"/> <i>Young Yogis</i> Fridays 11:30-12:15 7 classes	\$84
TOTAL	

Method of Payment:
<input type="radio"/> Cheque (payable to <i>Sarah Gourley</i> for <i>Wee Wiggles</i> and payable to <i>Samalia Feliz-Murray</i> for <i>Young Yogis</i>) <input type="radio"/> Cash <input type="radio"/> E-transfer (to inspiredsarahg@gmail.com for <i>Wee Wiggles</i> and to samaliamurray@gmail.com for <i>Young Yogis</i>) Security word: _____

Please initial below:

_____ I have filled out the "Waiver of Liability Form".

_____ I have filled out the "Acknowledgment of Risk and Liability Form".

_____ I have filled out the "Media Release for Minor Children Form".

_____ I have filled out the "Reciprocal Agreement".

Parent's Signature: _____

Date: _____



WAIVER OF LIABILITY FORM

I have listed below any special related medical issues that my child has. Our family doctor approves of their participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Medical Conditions

Do any of the participants have any allergies or other special medical issues that the instructor should be aware of?

My signature below releases Samalia Feliz-Murray, Sarah Gourley, Wee Wiggles Corp., *The Greenwood Schoolhouse* (9458034 Canada Ltd.), their officers, directors, staff, employees, and independent contractors, volunteer helpers, and landlords from any and all liability associated with any injury or bodily harm of any form resulting from the participation of me, my children, or any member of my family in yoga classes. Our participation in classes is completely voluntary.

Child Participant's Name _____

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date _____



MEDIA RELEASE FOR MINOR CHILDREN

Samalia Feliz-Murray teaches *Young Yogis* and Sarah Gourley teaches *Wee Wiggles*. Samalia Feliz-Murray, Sarah Gourley and *The Greenwood Schoolhouse (9458034 Canada Ltd.)* might wish to use images of people in marketing and promotional material, layouts displayed at shows, websites, postcards and other materials.

On behalf of the minor person or persons named below, I certify that I am the parent or guardian of _____

Name of minor(s)

an infant, child or juvenile under the age of 18 years who resides with me at the address given below, and I hereby give Samalia Feliz-Murray, Sarah Gourley and *The Greenwood Schoolhouse (9458034 Canada Ltd.)* permission to use photos/videos/voice recording, including the above minor or minors, which are in good taste. I understand the photos/videos/voice recording will be used for informational, instructional and/or for any other commercial purposes. I understand the photos/videos/voice recording may be used throughout the world, via media outlets (Facebook, YouTube, Twitter, etc.) for informational and instructional purposes. I understand that the Works may appear in electronic form on the internet or in other publications outside of Samalia Feliz-Murray, Sarah Gourley and *The Greenwood Schoolhouse (9458034 Canada Ltd.)*'s control. I agree that I will not hold Samalia Feliz-Murray, Sarah Gourley and *The Greenwood Schoolhouse (9458034 Canada Ltd.)* responsible for any harm that may arise from such unauthorized reproduction. I have not been compensated nor will I seek compensation for the photos/videos.

Parent/Guardian signature _____

Address _____

Phone number _____

Date _____



RECIPROCAL AGREEMENT

In order to avoid having to cancel classes in the event of an instructor's absence due to illness or appointment, we have created a reciprocal agreement between Sarah Gourley's *Wee Wiggles* classes and Samalia Feliz-Murray's *Young Yogis* classes. In the event of instructor absence, a *Young Yogis* class may be substituted with a *Wee Wiggles* class or a *Wee Wiggles* class may be substituted with a *Young Yogis* class. Both classes are geared towards children aged 3-6 years and are lots of fun! Each instructor is insured separately and runs their classes independently. By signing the reciprocity agreement, I give permission for my child to participate in either *Wee Wiggles* or *Young Yogis*.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

For children under the Age of Majority in the Province or Territory in which the Fitness / Health Club Activities are Provided by the Organization

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Parent/Guardian Must Read and Understand this Waiver Prior to the child Participating in Fitness / Health Club Activities.

The Greenwood Schoolhouse
945 8034
Canada Ltd.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the undersigned child (the "member") with and for the benefit of Sarah Gourley, Samalia Feliz-Murray, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (the "Organization").

Initial Each Item Below after Reading and Understanding Each Item:

- 1. I am the Parent/Guardian of the member and am executing this waiver on behalf of the member in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the member for all purposes.
- 2. "Fitness / Health Club Activities" includes but is not limited to contact and non-contact fitness activities, lessons, classes, training, use of facilities, programs and services provided to the member by the Organization.
- 3. I am aware that there are inherent and significant dangers, hazards and risks ("Risks") associated with the participation in Fitness / Health Club Activities. I understand that the Risks are relative to the Members state of fitness or health (physical, mental and emotional), and to the awareness, care and skill with which the student conducts him or herself while participating in Fitness / Health Club Activities.
- 4. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from the Member participation in Fitness / Health Club Activities. I agree that although the Organization has taken steps to reduce the Risks and increase the safety of the Fitness / Health Club Activities, it is not possible for the Organization to make the Fitness / Health Club Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to the Member in the Member's participation in Fitness / Health Club Activities.
- 5. I acknowledge the Member's obligation to inform the nearest employee of the Organization if the Member feels any pain, discomfort, fatigue or any other symptoms the Member may suffer during or immediately after his or her participation in Fitness / Health Club Activities. I understand that the Member may stop participating at any time, and has the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training, makes the Member uncomfortable or which the Member believes will be harmful to him or her.
- 6. In addition to consideration given to the Organization for the Member's participation in Fitness / Health Club Activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the Member's heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that I, the Member or our Legal Representatives have or may have in the future against the Organization; and
 - (b) to release and forever discharge the Organization from all liability for all personal injury, death, property damage or loss resulting from the Member's participation in Fitness / Health Club Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the Organization.
- 7. I agree to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Member's participation in Fitness / Health Club Activities.
- 8. I agree that this waiver and all terms contained within are governed by the laws of the Province or Territory in which the Member is participating in Fitness / Health Club Activities. I hereby irrevocably submit to the jurisdiction of the courts of that Province or Territory.
- 9. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself, the Member and our Legal Representatives.

Please Print Clearly

Student Name: _____

Parent/Guardian Address: _____

City _____ Province _____ Postal Code _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Organization Witness Name _____

Organization Witness Signature _____

Signed this ____ day of _____, 20__