

**Personal Profile Information – Confidential**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Please list any physical disabilities, injuries, surgeries, illnesses, allergies, or medical conditions:**

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**RELEASE AND WAIVER OF LIABILITY**

It is the intention of the undersigned, \_\_\_\_\_, by this document to relieve the Bonsall Education Foundation and Dena Swift, yoga instructor, and substitute or visiting instructors, of the following:

- Any and all damages or injuries of any kind related to participation in yoga and exercise classes on the studio premises. This waiver applies as well to any person on the premises at any time or for any purpose.
- Undersigned understands that yoga and other forms of exercise include physical movements as well as opportunities for relaxation, stress reduction, and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated.
- Undersigned understands that it is their responsibility to consult with a physician prior to attending yoga and exercise classes, and warrants that they have no medical condition that would prevent participation in yoga or exercise classes.
- Undersigned affirms that they alone are responsible to decide whether or not to participate in yoga and exercise classes, and agrees to assume full responsibility for any risks, injuries, or damages that incur as a result of participating in yoga and exercise classes.
- Undersigned hereby agrees to irrevocably release and waive any claims that they have not or hereafter may have now r hereafter may have against the Bonsall Education Foundation, Dena Swift, or any substitute or visiting instructors.
- Undersigned further agrees to hold the Bonsall Education Foundation, Dena Swift, or any substitute or visiting instructors harmless for all costs, attorney’s fees, expenses or liabilities incurred in connection with any action brought against the Bonsall Education Foundation, Dena Swift, or any substitute or visiting instructors.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Childcare Registration Form**

Child #1 Name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_

Child #2 Name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_

Child #3 Name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

In case of an emergency, we will call the above parent listed. If not available, the following person should be called in the case of an emergency:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone # \_\_\_\_\_

Please list any necessary medical information for the above listed child(ren):

I hereby warrant that, that the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health and well-being.

**CHILDCARE LIABILITY AND RELEASE WAIVER**

In consideration of the babysitting services offered by the Bonsall Education Foundation, to the child(ren) referenced above, the undersigned hereby waive, relieve and discharge any and all claims to which the undersigned may have, or claim to have, or in the future have, against BEF for all personal injuries or claims of any kind or nature known or unknown, caused by or arising out of childcare services provided by Releasees, its agents and employees.

This Release is intended to discharge in advance the Releasees from and against any and all liability arising out of or connected in any way to the use by the undersigned of the childcare services provided by Releasees.

The undersigned further understands that personal injuries occasionally occur to children while in the care of others, but knowing of such risk and in consideration of the services provided, the undersigned hereby agrees to assume those risks and to release, indemnify releasee for all expenses, including attorney costs and fees and hold harmless the Releasees.

It is further understood that this waiver, release and assumption of risk is to be binding on the undersigned's heirs and assigns.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER.

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Childcare Instructions – Please read then initial each item.**

- \_\_\_\_\_ Please arrive at least five minutes early to have your child visit the restroom.
- \_\_\_\_\_ Please arrive at least five minutes early to check your child into childcare.
- \_\_\_\_\_ If your child is in diapers, please change them immediately before they arrive.
- \_\_\_\_\_ Diapers will only be changed by the childcare worker if the child has a bowel movement during the designated yoga timeslot.
- \_\_\_\_\_ Please have your diaper bag clearly marked with your child's name.
- \_\_\_\_\_ If your child is potty training, please bring them to class in a pull-up diaper and have them go to the bathroom immediately before class.
- \_\_\_\_\_ Please avoid bringing snacks of any kind into the childcare room.
- \_\_\_\_\_ Baby bottles and water bottles are appropriate, but please clearly mark them with your child's name.
- \_\_\_\_\_ In the case that your child cries for more than ten minutes, the childcare worker will ask you to come get your child.
- \_\_\_\_\_ In the case that your child feels ill, the childcare worker will ask you to come get your child.
- \_\_\_\_\_ In the case that your child's behavior is not controllable, the childcare worker will ask you to come get your child.