



YOGA & DANCE STUDIO

Student Information, Registration and Release form

Family/Kid form - Summer Camp

FOR AGES 2-18: All students who are under the age of 18 must have a parent or legal guardian sign this document only once before participating in any summer camp class at Petits Pas Yoga and Dance Studio

Student (Child)

First Name : _____ Last Name : _____
Birthday : _____ Age : _____ Gender : ☐ Boy ☐ Girl
School Name : _____
Goals / Concerns / Physical Limitations / Known Allergies : _____

Parent / Guardian

First Name : _____ Last Name : _____
Street Adresse : _____ Apt # : _____
City : _____ State : _____ Zip : _____ Email : _____
Home Phone : # : _____ Work # : _____ Mobile # : _____

Emergency Contact

First Name : _____ Last Name : _____
Relationship : _____
Mobile Phone : # : _____ Alternate Phone # : _____
Pediatrician : _____ Phone # : _____

Class Details	Registration Type (x check one)
Location : Monterey Bld Days of Week : <input type="checkbox"/> Monday to Friday <input type="checkbox"/> Other : _____ _____ _____	<input type="checkbox"/> Summer Camp Date : _____

Payment Amount : \$ _____ <input type="checkbox"/> Online Stripe <input type="checkbox"/> Cash <input type="checkbox"/> Check payable to Virginie Personne, Petits Pas
Credit Card Type : <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx Card # : _____ Expiration Date : _____ Security Code : _____ 3 digit number on the back or 4 digit number on the front

How Did you Hear about *Petits Pas* ?

- | | |
|--|---|
| <input type="checkbox"/> Friend : _____ | <input type="checkbox"/> nextgenerationyoga.net |
| <input type="checkbox"/> Educator / Pediatric Professional | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Facebook / Social Media | <input type="checkbox"/> Other : _____ |



Liability Disclaimer & Notices

Please read carefully and give consent.

I, individually and as parent/guardian of the minor identified above, hereby acknowledge the following notices and grant to Virginie Personne doing business as Petits Pas the following release from liability to the fullest extent permitted by law and agree that all terms hereof shall apply to all future classes to Petits Pas Yoga and Dance Studio:

A. I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and I have been advised that it is my responsibility to consult with me or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by me or my child which might incur as a result of participating in any yoga or dance class provided by Petits Pas. I hereby agree to release, hold harmless and discharge Virginie Personne, doing business as Petits Pas, its employees, instructors, staff and agents from any claim, cause of action, liabilities for damages, expenses or judgments, including attorneys' fees and court costs for any occurrences arising from any personal injury to me or my child or other persons or property caused by my or my child's participation in any Petits Pas class, performance, summer camp (including lunch breaks during the summer camp) or other dance and yoga related activities.

B. In the event that any kind of injury or illness occurring to me or my child listed above while on Petits Pas premises, I hereby authorize and grant permissions to Virginie Personne, doing business as Petits Pas and its employees, instructors, staff and agents to seek medical assistance, including calling 911. I understand that I will be responsible for any cost related to this medical assistance or any medical assistance provided by my own health care provider and agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.).

C. I authorize and agree Petits Pas to take pictures during class, workshops, rehearsals, shows, camps or birthday parties and use the registered student's image for advertising purposes.

D. I have read and understand all cancellation and refund policies listed on the Petits Pas Website.

E. I agree that I, and/or my child will not attend class if ill. Please be mindful of other children and read our sick policy.

F. Petits Pas reserves the right to refuse service to any student, parent, or legal guardian for any reason, including, but not limited to not adhering to the rules set forth in these policies. Petits Pas also reserves the right to change a student's class based on appropriate age and/or skill level.

G. Petits Pas is not responsible for lost or stolen items. It is the responsibility of the parents or adult student to be aware of all center activities, including dates studio is open or closed, observation days, rehearsals and show schedule, class changes.

H. Petits Pas is not responsible for any car that is towed in any parking lot or street parking. Please be mindful of street sweeping.

I. Petits Pas Website should be checked regularly. The schedule is subject to change; Petits Pas reserves the right to combine or cancel classes and/or modify teachers.

Parent Signature : _____ Date : _____

(over 18 years old)



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- ☐ Educator / Pediatric Professional ☐ Internet Search
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