



www.katedyd4kids.com

katedydcamps@gmail.com

240.285.5852

4602 Prices Distillery Road, Ijamsville, MD 21754

SUMMER CAMP REGISTRATION & LIABILITY FORM

Child's Name: _____

Date of Birth: _____ Age: _____

Parent's Names: _____

Best Contact Number/s: _____

Emergency Contact Number: _____

Emergency Contact Name: _____

Address: _____

Email Address: _____

MEDICAL HISTORY: _____

MEDICATIONS: _____

ALLERGIES: _____

PEDIATRICIAN CONTACT: _____

Health Insurance Company: _____

ID: _____ Group number: _____

Name of insured: _____

By signing and dating this, I agree to allow Katie Smith, or any agent of KatieDyd 4 Kids, or Justin Smith, LLC to provide first aid and/or call for emergency medical assistance and transport to nearest hospital via ambulance if necessary.



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RELEASE OF LIABILITY WAIVER FORM

I, _____, parent or guardian of _____, in consideration of the services to be provided by Katie Smith/ KatieDyd 4 Kids/ Justin Smith LLC, as well as studio on the premises of 4602 Prices Distillery Road, Ijamsville, MD 21754 (hereafter referred to as "said provider" do hereby release and discharge said provider, its owners and affiliates as follows:

- I understand that yoga for kids is an activity that involves physical movements and opportunities for relaxation and play. Furthermore, I understand that physical activities will occur outdoors on uneven and unstable surfaces.
- I acknowledge that the risk of physical injury, whether minor or serious and disabling, cannot be entirely eliminated. I know of no physical or mental condition that would prevent my child from participating in yoga activities, exercises or instruction in a safe manner. I will inform the instructor of any health conditions that may prevent my child from safe participation in yoga or other physical activities.
- I hereby release said provider and voluntarily give up legal rights and possible claims, demands and rights of action which are or may be related to or arise out of my child's participation in yoga instruction, and release said provider, its owners and affiliates from any omissions, acts, or negligence of any sort.

Please circle one:

I DO/ DO NOT give permission to use photographs or videos of myself or my child for promotional purposes. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

By signing this Release of Liability Waiver Form, I acknowledge that I fully understand and voluntarily accept its statements.

CHILD's FULL NAME: _____

DATE OF BIRTH: _____

Parent Full Name _____

PHONE #: _____

SIGNATURE/DATE:
