



Life is for learning

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Yogabodii Registration Form for Groove

Name: _____ Date of Birth: ___/___/___ (M/D/Y)

Address: _____

Email address: _____

OHIP #: _____

Day Time Phone: _____ Cell: _____

Emergency Contact/Number: _____

Payment Information

Please circle which class
CASH and CHQ accepted. Please make Checks payable to Samantha Merkur
Session Length, 8 weeks from March 19th - May 20th.

Mon: 9:30-10:15, Kids Yoga, \$225

Wed: 9:45-10:30, Adult Yoga; Finding your Foundation, \$260

Wed: 1:30-2:15, Kids Yoga, \$225

Fri: 4:30-5:15, Kids Yoga, \$225

Sun: 12:45-1:30, Family Yoga; Parent & Child, \$260

Waiver Information

I give my approval to my child's participation in the activities offered by Yogabodii and Samantha Merkur, in partnership with Groove School of Dance. I will excuse all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. In signing this application, I acknowledge that I have understood the conditions and certify that the applicant is in good physical and mental health. I authorize Yogabodii to use picture for advertising purposes only.
Y__N__

Parent of Guardian Name: _____

Signature: _____

Special Concerns/Allergies: _____

Administration Use Only

Amount: _____ Chq#: _____ Total \$ Rec'd: (Y/N) Initials: _____ Date: _____