

# Kym's Yoga Registration

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Allergies or limitations:

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Email : \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please fill out and return to the front office

Signature: \_\_\_\_\_

Please email [kym.perritt@gmail.com](mailto:kym.perritt@gmail.com) with any questions or concerns.