

**REGISTRATION FORM  
Fall 2013**

Parents/Payer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Participant's Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Do you have any special needs or accommodations? \_\_\_\_\_

<b>PARENTING PROGRAMS</b>	Participant(s) (fee is per couple)	Childcare	Ages/Grades	R/Fee	NR/Fee	Total
Parenting the ADHD Child	_____	y / n	_____	\$20	\$65	\$ _____
1-2-3 Magic	_____	y / n	_____	\$10	\$45	\$ _____
The Seven Principles for Couples	_____	y / n	_____	\$20	\$65	\$ _____

<b>YOUTH PROGRAMS</b>	Participant(s) (fee is per participant)	Grade	R/Fee	NR/Fee	Total
Zumbatomic	_____	_____	\$15	\$65	\$ _____
Coping Skills	_____	_____	\$10	\$65	\$ _____
Less Stress for Greater Success	_____	_____	\$15	\$45	\$ _____
Friendship Group	_____	_____	\$10	\$65	\$ _____
7 Habits of Highly Effective Teens	_____	_____	\$15	\$35	\$ _____

**FREE WORKSHOPS**

Helping the Disorganized Child Be More Organized	_____	y/n	_____	Free	Free
Bullied	_____	y/n	_____	Free	Free
Managing Anxiety and Increasing Confidence	_____	y/n	_____	Free	Free
Keeping Your Cool	_____	y/n	_____	Free	Free

<b>PROFESSIONAL WORKSHOPS</b>	Participant(s)	Want CE credits?	Agency/School
Introduction to DBT for Adolescents	_____	y / n	_____
Mindfulness, Meditation and Stress Reduction	_____	y / n	_____
The Use of Technology In Social Work and Ethics	_____	y / n	_____

Make Checks payable to: **Warren Township**  
Mail or Drop Off: Warren Township Youth Services  
100 S. Greenleaf Street  
Gurnee, IL 60031

Total Amount \$

Check # \_\_\_\_\_

**Scholarships** available for residents only. Send in this form with the scholarship form. You will be contacted if approved.

FOR OFFICE USE ONLY

Date Recvd \_\_\_\_\_ Rcvd By \_\_\_\_\_ Amt Revd \$ \_\_\_\_\_

# YOGAKIDS/ZUMBA ®

New Student Questionnaire  
*All information is confidential*

List all current and past health challenges/injuries/operation/diagnoses:

List any allergies your child has:

List any medications your child is currently taking:

List desired benefits and outcomes from your child's participation in this program:

Please share any other information you think might be helpful for me to know in order to create the most positive experience for your child:

## Liability Release

In exchange for permission for me and/or my child to participate in the YogaKids/Zumba program and classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Certified YogaKids/Zumba Teacher, YogaKids/Zumba Associate, YogaKids/Zumba International, Warren Township and its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person, or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in an any manner by my participation or my child's participation in the YogaKids/Zumba program or classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the YogaKids/Zumba program or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the YogaKids/Zumba program or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Child's Name (print): \_\_\_\_\_

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