



TRUST THYSELF

ID \_\_\_\_\_

## Universal Peace Foundation of North America

### Kids Yoga Application form

#### **Kid's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Weight : \_\_\_\_\_ (lbs.) Height: \_\_\_\_\_ (ft)

Hobbies \_\_\_\_\_

#### **Parent's Information:**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If your child has any illness and is undergoing medication, please mention

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SANTHOSHAM**