

REGISTRATION FORM - KIDS YOGA TEACHER TRAINING

- Which course are you signing up for?

4 Days Classroom Training _____ Home Study _____ (please tick)

- Full Name _____

- Occupation _____

- Date of Birth _____

- Email: _____

- Cell: _____

- Next of Kin Name & Contact: _____

- Physical Address: _____

- Postal Address: _____

- Children's Name and Ages (IF ANY) _____

- What is your yoga experience?

Details: _____

- Do you have any injuries or medical conditions or had any operations? Yes / No

Details: _____

- What do you hope to achieve from this course? _____

- Where did you hear about the course?

Terms & Conditions

1. Practical hours and level first aid must be completed before you can teach yoga to children.
2. You also need to have a minimum of 2 years yoga experience before you start teaching.
3. If upon completion you may want to join the Beaming Kids School of Yoga. Further terms and conditions will apply.
4. Beaming Kids will not be held liable for the loss or misplacement of any or items of a personal nature.
5. Investment: R6950 (Payment plans available)
6. Two week's notice is required to cancel your place or your deposit will be forfeited.
7. Banking Details: Beaming Kids, FNB Northgate, Account Number: 62341351427, Branch Code: 250655
(Please use your full name as a reference and send proof of payment via email to tamar@beamingkids.co.za)

Indemnity:

I _____, do hereby agree to all the terms and conditions set out above and do hereby irrevocably indemnify Beaming Kids' staff against any claim or injury that may arise from my participation in this activity and hereby waive any claim that may arise there from.

Signature: _____

Place: _____

Date: _____