

RJ Yoga's Easter Camp
2010
Registration Form



Name of Child:

Date of Birth:

Address:

Email address:

Name of parent/Guardian:

Home Telephone No:

Mobile Telephone No:

Any other emergency contact number we should use during camp:

Name of anyone else authorised to collect child from camp:

Name and address of child's doctor:

Doctors telephone number:

Does your child have any special medical condition that we should be aware of (if yes please give details)?

Does your child have any allergies we should be aware of?

Does your child have any special dietary requirements?

Days of Attendance

Tuesday 6th April

Wednesday 7th April

Thursday 8th April

Friday 9th April

Total Number of Days of Attendance:

Total Cost of Attendance:
(£35 per day)

Kindly make cheques payable to R J Yoga Ltd

CONSENT FORM

IN CONNECTION WITH THE R J YOGA LIMITED EASTER YOGA CAMP 2010 (THE "CAMP"), I CONFIRM THAT I AM THE [PARENT][GUARDIAN] OF

..... (THE "STUDENT") (INSERT CHRISTIAN NAME AND SURNAME)

AND THAT I CONSENT TO THE STUDENT UNDERTAKING ALL OF THE ACTIVITIES AVAILABLE TO ATTENDEES OF THE CAMP, INCLUDING BUT NOT LIMITED TO YOGA TRAINING AND PRACTICE. ALL PHYSICAL OR MEDICAL LIMITATIONS UPON THE STUDENT'S ABILITY TO UNDERTAKE SUCH ACTIVITIES SAFELY HAVE PREVIOUSLY BEEN ADVISED BY ME TO R J YOGA LIMITED (THE "COMPANY").

IN MY ABOVE CAPACITY I FURTHER AGREE AND CONFIRM:-

- (I) THAT THE COMPANY, ITS EMPLOYEES AND AGENTS WILL NOT BE LIABLE TO THE STUDENT FOR ANY PERSONAL INJURY SUFFERED BY THE STUDENT ATTENDING THE CAMP EXCEPT IN CIRCUMSTANCES OF PROVEN NEGLIGENCE ON THE PART OF THE COMPANY, ITS EMPLOYEES OR AGENTS; AND
- (II) THE COMPANY'S LIABILITY FOR ANY LOSS OF, OR DAMAGE TO, PROPERTY OF THE STUDENT ATTENDING THE CAMP SHALL IN ALL CIRCUMSTANCES WHATSOEVER BE LIMITED TO THREE (3) TIMES THE AMOUNT OF THE DAILY ATTENDANCE FEE.

SIGNED

DATED

.....
[PARENT][GUARDIAN]