

**Paper Registration Application due by Monday December 5, 2016
Return to School Office
Online Registration Open Until December 12, 2016: www.OnMyMat.org**

ON MY MAT PARTICIPANT APPLICATION			
APPLICANT INFORMATION			
Name:			
Date of birth:	Gender:	M F	Ethnicity:
Current address:			
City:	State:	ZIP Code:	
Email Address:			
T-Shirt Size: (circle) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL			
Have you Participated in On My Mat Before? No Yes:			
School Attending:		Current Grade:	
Yoga Experience: (circle) Never Stepped on a Mat * Tried a Few Times * I'm a yogi!			
EMERGENCY CONTACT (PARENT/GUARDIAN)			
Name of Parent/Guardian(s)			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
ADDITIONAL EMERGENCY CONTACT (TO BE CONTACTED IF PARENT/GUARDIAN CANNOT BE REACHED)			
Name:			
Date of birth:	Relationship:	Phone:	
INDIVIDUALS AUTHORIZED TO PICK UP PARTICIPANT (IN ADDITION TO PARENT/GUARDIANS)			
Name:			
Address:		Relationship:	
Name:			
Address:		Relationship:	
Name:			
Address:		Relationship:	
MEDICAL & INSURANCE INFORMATION			
Pediatrician Name:		Phone:	
Address:			
Hospital Preference:		Insurance Company:	
ID Number:		Group #:	

ON MY MAT PARTICIPANT APPLICATION

Primary Insured:	Primary Insured DOB: / /
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I acknowledge that participation in On My Mat includes physical activity. My child is physically able to participate: Initials _____

I will not hold On My Mat or any affiliated individual liable for any injury/issue occurring related to On My Mat: Initials _____

Any medical information On My Mat and/or Coaches should know regarding medical concerns/issues:

WAIVER ACKNOWLEDGMENT

As a parent/guardian of the child listed above, I understand the information presented in the program waiver and agree with the terms listed. Initials: _____

As the parent/guardian of the child listed above, I consent to my daughter completing pre and post program evaluations. I understand that this data will be used for research purposes as well as improvement of the program. Initials: _____

PARENT COMMENTS

I HOPE MY DAUGHTER WILL GAIN THE FOLLOWING FROM THE PROGRAM:

THE COACHES SHOULD KNOW THE FOLLOWING TO BEST WORK WITH MY DAUGHTER:

SIGNATURES

The above information is complete and correct. I/My child would like to participate in the On My Mat program.

Signature of applicant:	Date:
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Signature of Parent/Guardian:	Date:
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To reserve your daughter’s spot, include payment (\$100) in form of check to On My Mat. Credit cards can be processed through online registration. Contact Nicole or Julie (email below) with any financial concerns.

On My Mat, LLC

Website: www.OnMyMat.org

Email Contact: Nicole@OnMyMat.org, Email Contact: Julie@OnMyMat.org