711 E. PLATEAU RD.
SPOKANE, WA 99203
(509) 220-7419
WWW.SPOKANEYOUTHYOGA.COM

At **Spokane Youth Yoga**, **LLC,** we believe that children of all ages and abilities should have access to the challenges and benefits of yoga, as they journey toward reaching their fullest potential in life.

Amy Iverson, M.S. Ed, RYT and specialized teacher of yoga for children, founded Spokane Youth Yoga in the fall of 2005. She is a certified WA state teacher, and has extensive training in yoga and yoga therapy. She has taught in private and public school settings and is currently pursuing certification in the fields of Yoga Therapy and Special Education. She offers yoga therapy to children and youth of all ages and abilities in a variety of individual and group settings, so that she can tailor each program to meet the unique developmental needs of all children.

Thank you for taking the time to fill out the questions that follow. This information will aid in designing a program that best meets your child's needs and personality.

As we work together, please keep SYY informed of any information regarding your child at home or at school that you feel would be helpful to our program.

Thank you for choosing Spokane Youth Yoga. I look forward to working with you and your child!

Sincerely,

Amy Iverson

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1. Child's Name_____

2. Child's Age_____

3. Name of School_____ Grade_____

4. Name of Guardian/s_____

5. Phone Numbers_____

6. Emails_____

7. Emergency Contact_____

8. How did you hear about SYY?_____

_____

9. What other services is your child currently receiving, including extra-curricular activities?

_____

_____

_____

10. If your child has a diagnosis, what is it?_____

_____

11. What medication/s is your child currently taking?_____

_____

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12. How would you define your child's gross and fine motor development?_____

_____

13. How would you define your child's speech/language development?_____

_____

14. How would you define your child's social development?_____

_____

15. At what age, did your child say her/his first words?_____

16. What are your child's preferred activities or toys?_____

_____

17. When was your child's last hearing test?_____

18. Is there a history of speech, language or learning differences in the family? Is there history of mental, emotional or health issues related to what is going on with your child? If so, please describe.

_____

_____

_____

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19. What other information can you share that would be helpful in understanding your child?

_____

_____

_____

_____

_____

_____

20. What do you hope to get from SYY? What do you want most to be addressed?

_____

_____

_____

Student Consent & Release Agreement

This agreement affects your legal rights. Please read carefully before signing and ask for clarification on anything that you do not understand.

Name of participant:_____

Name of parent/guardian_____

This Agreement is required for my participation in yoga classes (group and/or private sessions) offered by Spokane Youth Yoga. I understand the yoga classes involve inherent risks of injury, including risks posed by strenuous physical activity, use of equipment, and acts or carelessness of the teachers and other persons in the class, and that the risks include, without limitation, risk of death, injury to the spine, neck, knees, shoulders and others joints, muscle strain, dizziness, and injury of or to the circulatory and nervous systems.

To the fullest extent allowed by law**: I personally assume all risks** of participating in the yoga classes including but not limited to each of the risks named above; **and I agree to release, indemnify and hold harmless** Spokane Youth Yoga, and all teachers conducting yoga classes offered by or through Spokane Youth Yoga, from all claims resulting from any loss, injury or damage suffered by me during or arising in any way from the yoga classes; and to pay all legal fees and costs which Spokane Youth Yoga or any teacher may incur in any action, claim or suit arising from my participation in the yoga classes.

I furthermore assume all responsibility for my health and physical condition and I certify that I am physically fit to practice yoga. I understand I am under no obligation to follow the instruction of my teacher if I feel it is unsafe to do so, and I agree that if unusual symptoms occur I will cease participation until I have consulted with my physician.

I hereby certify that I have read this document, understand its contents, and sign it of my own free will. I understand this is a binding contract intended to provide a full release of liability for injuries I may incur. I am legally competent to sign this release or my parent or guardian has read and signed this release and given me permission to sign it.

Parent or Guardian Signature:_____ Date:_____