

**SPIRAL MOVEMENT CENTER**  
**Fall, Winter, Spring 2016 -2017 Registration Form**

Please check the program you are interested in:

- FALL SESSION (Oct 15 to Dec 18)
- WINTER SESSION (Jan 7 to Mar 12)
- SPRING SESSION (Apr 1 to Jun 4)
  
- WEEKDAYS: 2pm-5pm private sessions (call for appointments)
- WEEKENDS: Sat. 9am-4pm and Sun. 9-11am private sessions (call for appointments)
- SUN: 11-11:45am MOVEMENT! (5-10 year olds)
- SUN: 1-2pm Adapted Yoga for Teens and Young Adults (15-25 year olds)
- SUN: Adapted Yoga for Pre-Teens SESSION (11-15 year olds)

Each 10 week session of MOVEMENT! is \$140. If you pay in advance for all three sessions, the cost is only \$390. Each 10 week session of Adapted Yoga is \$150. If you pay in advance for all three sessions, the cost is only \$420. Please call for private session fees.

Session length and time are subject to change based on the age and needs of the students. Additional classes may be added as required. All prices include tax and art supplies. To register please e-mail [info@movementforkidswithspecialneeds.org](mailto:info@movementforkidswithspecialneeds.org) or call 416-469-3569 to set up an initial meeting for assessment and discussion. Space is reserved on a first come, first served bases so please register early.

*I. Personal Information*

Participants Name: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Participants's Health Card #: \_\_\_\_\_

Who can be contacted should an emergency arise?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Additional Contact #'s such as cell phones and such can be listed below if need be.

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What is the diagnosis of your child?

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Are they on any medication?  YES  NO. If yes, what are the names of the medications?

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Has your child ever been physically violent (hitting, kicking, scratching etc.)?  YES  NO

If yes, please describe the causes and how they best calm down.

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Are there any special medical concerns (i.e. Seizures, medications, food allergies, other?)

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Does the participant need assistance with toileting or one-on-one support?  YES  NO  
(If yes, please ensure to arrange that s/he attends our program weekly with a Support Worker)

Please help us make the program fun by describing the assistance you/your child needs:  
(Please feel free to attach a separate piece of paper if needed) \_\_\_\_\_

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*II. Photo/Video Consent and Pick-Up/Drop-Off Information*

I am aware and give consent for Spiral Movement Center to take photographs and videotape sessions if applicable during the designated time of the program.  YES  NO

Signature: \_\_\_\_\_

Will the above named participant be traveling to and from Spiral Movement Center alone?  
 YES  NO

If the above named participant will be traveling to and from Spiral Movement Center with assistance, please list the names of those individuals who will be assisting him/her with transit for

security purposes.

Name \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name \_\_\_\_\_ Telephone #: \_\_\_\_\_

What will the arrangements be for pick up and drop off?

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### *III. Participant Release Form*

I accept responsibility for my child's own medical coverage. I hereby give permission for staff/volunteers of Spiral Movement Center, to arrange for any emergency medical care including hospitalization and transportation if necessary, and agree to pay for all expenses and cost incurred thereby. If emergency medical care is required, attempts will be made to contact emergency contact person(s) shown above. I agree to release and Indemnify and save harmless Spiral Movement Center, c.o.b. Stephanie Gottlob and Yuji Oka and their staff from all claims arising from whatever participation in any program organized by the staff or volunteers of Spiral Movement Center by any cause whatsoever. Please note that this form with its legal consents and liabilities remains in effect from the date it is signed and will apply to any future Spiral Movement Center programs that the above named participant is registered in unless advised otherwise in writing. I, the undersigned, have read and fully understand the "Participant's Release Form".

Signature \_\_\_\_\_

Date: \_\_\_\_\_



### *IV. Refunds/Cancellation Policy*

If a course is cancelled due to low enrollment, registrants will be given one week notice and refunds will be issued subsequently. No refund will be given after the first class. Please note there will be a fee of \$25 assessed for any invalid or bounced checks.

A full commitment to attendance and participation is encouraged. We regret that reimbursement for missed classes cannot be offered. Please note that Spiral Movement Center reserves the right to remove a participant from the program if we deem appropriate. However, every measure will be taken to work with the participant and his/her family before this action is taken.