



magnolia yoga  
and healing arts

# AUTHORIZATION FORM

MagnoliaYogaandHealingArts.com

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**MINOR'S NAME:**

**DOB:**

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Please read through this form and fill out accordingly.

## PARENT/GUARDIAN DETAILS

**NAME**

**RELATIONSHIP**

**E-MAIL**

**MOBILE**

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I authorize the following individual to drop off and pick up the minor.

I acknowledge that class drop-off is between 4:20pm to 4:30pm and pickup is between 5:30pm to 5:40pm.

## CONTACT DETAILS

**NAME**

**RELATIONSHIP**

**E-MAIL**

**MOBILE**

By signing, I agree to the terms and conditions of Magnolia Yoga and Healing Arts.

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Signature of parent/guardian

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Date