



New Student Questionnaire/Parental Consent

Name of Child _____

Date of Birth _____

Street Address _____

City and Postcode _____

PARENT/CARER Name/s:

PHONE NUMBERS:

HOME _____ WORK _____ Mobile _____

E-MAIL _____

Please list the contact information of two other responsible adults you authorise us to call if we cannot reach you in case of an emergency (Please check with these contacts before listing them).

Name: _____ Phone: _____

Name: _____ Phone: _____

Does the student have any chronic conditions, injuries or illnesses that I should know about?

(ANY condition that would need a doctor's approval to participate in practicing Yoga or Dance?)

Is your child currently under a doctor's care? If yes, please list name and phone number of doctor.

Does your child regularly take medication(s) that would affect participation in Yoga or Dance? If answered yes, what? (Any medications that will be needed during the session should be clearly marked and labelled as to dosage instructions and your child should be able self-administer such medication)

Does your child have any allergies/intolerances or anything you would prefer them not to eat or drink (Please detail):

I have a qualification in First Aid. Please answer the following:

- I am happy for you to administer emergency first aid/resuscitation until the arrival of myself/emergency services YES/NO

Is your child allergic to anything in the standard first aid kit (such as sticking plasters) please specify:

I give permission for you to adjust and assist my child with movement during the class YES/NO

I give permission for Rainbow Children to use photographs of myself or my child for any Rainbow Children promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. YES/NO

What would you like your child to receive from participating in Rainbow Children?

Liability Disclaimer & Notices: please read carefully

I individually and as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Rainbow Children® and [Patricia Jordon] the following release from liability:

A. I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might occur as a result of participating in this program and discharge and hold harmless Rainbow Children® owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in this program.

B. I clearly understand that cancellations are to be made no later than 14 days after purchase in order to receive a prorated refund. I agree and understand that there is a 15 Euro processing fee for all refunds and that I will not receive any refund or credit for attended classes.

Signature of Parent or Guardian:

Date: