

RELAX KIDS PARENT REGISTRATION AND CONSENT FORM


www.relaxkids.com

Parent/Guardian's name: _____

Address: _____

Phone no: _____ Mobile: _____

Number to ring incase of emergency & their relationship to the child: _____

Email: _____

Password (if someone else is picking up the child): _____

Child's name: _____ Age: _____

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Does your child have any known emotional or behavioural problems? If Yes, Please state in brief what and discuss this with your Relax Kids Coach. _____ Yes / No

Does your child have any medical conditions that the Coach needs to be aware of (e.g. epilepsy, asthma) (Please ensure he/she brings relevant medication with them to class and are able to administer to themselves) _____ Yes / No

Does your child use an epi pen? If so, you will need to attend classes with your child. _____ Yes / No

Is your child taking any medication? If Yes, Please state what medication: _____ Yes / No

Is your child willing to do Relax Kids? _____ Yes / No

How did you hear about Relax Kids? _____

Relax Kids classes include movement, stretches, visualisation, breathing exercises and children massaging each other (clothed). Do you consent to your child being involved? _____ Yes / No

Who is picking up the child? _____

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Liability Disclaimer and Notice

I, individually and as a parent and/or guardian of the child identified above hereby agree to the following:

Parent's Responsibilities: Relax Kids takes all reasonable care to ensure that its programmes are fun and safe. However, I understand that my child will be engaging in a moderate amount of physical activity that may involve some risk of injury. I acknowledge I have been advised 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 child's participation in the Relax Kids programme. In the event of emergency and in my absence agree to the Relax Kids Coach contacting Emergency Services. Please note we charge £5.00 per 15 minutes if you are late picking up your child.

I have read the Relax Kids child protection policy and in the event of my child not being collected I agree that Relax Kids can contact the social services duty officer for my child's protection.

I confirm that I have fully disclosed to Relax Kids and / or the Coach any and all conditions (whether such conditions are physical, mental, behavioural or otherwise) that my child has or may have before my child participates in the class.

As far as is permitted under Local Law, I assume the above risks and accept responsibility for any injury sustained by my child. I further discharge and hold harmless Relax Kids (including its owners, officers and personnel including its Coaches and its suppliers) from any liability: arising from any injury to my child or other persons or property caused by my child's participation in the Relax Kids programme if that injury is caused either by my or my child's fault; or by a third party unconnected with Relax Kids provision of services; or by events with Relax Kids its owners, officers and personnel including its Coaches and its suppliers could not have foreseen or prevented even if they had taken reasonable care.

Refund Classes: Prorated refunds will be given if cancellation is made in writing before the second attended class of the series. I understand and agree that I will not receive any refund or credit for missed classes, but if cancellation of a class is due to failure on the part of Relax Kids I will be entitled to a reasonable refund of the charge for that class. After 2 classes it may be apparent to the Relax Kids Coach that classes are not appropriate for a child at this stage. In this instance we will request that the child is removed from the class and the balance will be refunded.

Parent/Guardian Signature: _____ Date: _____

Please make cheque payable to _____ and write child's name on reverse of cheque. Enclosed is a cheque for £ _____