

## Mummy & Me Classes: Booking form

Your Details	
Parents Full Name	
Address	
Email Address	
Mobile Number:	Home No:

Course Details	
Which Course(s) are you booking for? (please circle all that apply)	Mum & Baby Yoga 6 week course (£65) 3rd June - 8th July @ Yoga Balance, Unit 1, 2 Lambert Way, Finchley, N12 9EP
Course Start Date:	
Course Fee	
Where did you hear about our classes?	
Would you like us to keep you informed about other YogaBalance classes: Baby Massage, Baby Yoga, Baby Swim, Post-natal Pilates, General Yoga, Hot Yoga....	

Baby's Details	
Baby's Name	Baby's DOB:
Baby's age at start of Course:	

Medical History	
Any Aches/Pains, Special conditions/needs or concerns? For you ?	
Did you have any pregnancy problems?	
Briefly, how was your birth?	
Any special conditions/needs or concerns about your baby?	

Medical History Continue	
Other Notes:	
<b>We recommend having your 6 week check up before attending classes. If you answered YES to any of the medical history questions, you must check with your doctor before taking part.</b>	

## Declaration

- All medical conditions have been disclosed to YogaBalance regarding the health of you, your child or those who you have placed your child in care with for the purpose of attending swimming / yoga classes relevant to the practice of Baby Yoga and massage.
- Responsibility for all applications of Baby Yoga/Massage practiced outside of the YogaBalance classes both now and in the future are borne by you and not YogaBalance.
- The recommendations, ideas and techniques expressed and described in YogaBalance classes, as well as in books and videos endorsed by YogaBalance cannot be regarded as a substitute for the advice of qualified medical practitioners. Any uses to which the recommendations, ideas and techniques are put are solely at your discretion and risk.
- All lesson times and venues are subject to change, however all participants will receive prior notice, where alternative lessons are offered no refunds will be given.
- YogaBalance will not be at liberty to refund money or defer your class.
- I understand that this form is strictly confidential, and is solely for the use of the class teacher/ therapist to help provide a safe environment within classes/sessions.

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_