



FLUTTERBABIES - ENROLMENT FORM
(All information will be treated in the strictest confidence)

Name:

Address:

Home Tel:

Mobile:

Email:

Relationship with baby:

Baby's name:

Male/Female:

Date of birth:

Please could you provide details of the quickest/easiest way that you would prefer us to reach you (or where we could leave a message), if in the unlikely event that we have to cancel a session on the day of a lesson(eg, call home or mobile, text, email etc):

Do you have any specific aims, requests or goals that you would like to achieve when attending Flutterbabies classes?

There may be times during a lesson where the instructor needs to have some form of physical contact with you or your baby (eg holding your baby, placing arms/shoulders in appropriate positions). This will always be done in a professional and courteous manner. Do you have any objection to necessary physical contact? Yes/No or other comments:

Do you have any other questions or comments about Flutterbabies sessions or baby yoga in general?

I have read and understand the Flutterbabies course documentation, have completed a medial questionnaire and Flutterbabies disclaimer form. I accept full responsibility for myself, my baby and my personal belongings whilst attending Flutterbabies classes.

Signed:

Date:

Print name:



DISCLAIMER

FLUTTERBABIES BABY YOGA

Name:

As far as I am aware, I have disclosed to my Baby Yoga teacher all information regarding my health and my child's health relevant to the practice of Yoga and massage on my child.

I take full responsibility for all applications of Yoga I may practise outside the Flutterbabies classes both now and in the future. I accept that Flutterbabies does not take responsibility for any applications of Yoga practices described or shown in books and videos.

I fully understand that the recommendations, ideas and techniques expressed and described in Flutterbabies classes, as well as in books and videos endorsed by Flutterbabies, 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 at my sole discretion and risk.

Signed:

Date:



Are you or your baby presently on any medication (please give details)?

Did your baby require any special care (please give details)?

Does your baby have any medical condition that Flutterbabies should be aware of?

Do you feel you have suffered depression since the birth of your baby?

Is there any further information you would like to make Flutterbabies aware of?

To be signed by the adult attending classes:

I accept full responsibility for the health of baby and myself during the Flutterbabies baby yoga sessions and should there be any medical change I will consult my baby yoga teacher. If I have any health concerns whatsoever I will consult my Flutterbabies instructor and take advice from my GP or Health Visitor.

Signed:

Date:

Print name:

To be signed by the legal parent/guardian if different from above:

I authorize the above named person to attend Flutterbabies baby yoga sessions with my baby. I take full responsibility for my child's health and safety whilst they are attending classes and I will inform the Flutterbabies instructor should there be any medial change with my baby. If I have any health concerns whatsoever I will consult the Flutterbabies instructor and take advise from my GP or Health Visitor.

Signed:

Date:

Print Name: