

YOGA AND MINDFULNESS FOR CHILDREN REGISTRATION FORM

Date of registration: ____/____/____

Adult's Name: _____

Child's Name _____ Date of birth: ____/____/____

Child #2's Name _____ Date of birth: ____/____/____

Child #3's Name _____ Date of birth: ____/____/____

Town: _____

Telephone: _____ Mobile: _____

Email: _____

To be kept up-to-date of the latest Yoga in Glossop news, would you like to subscribe to the mailing list? Yes/No

As there will be offerings of refreshments and snacks, please give any details of dietary requirements:

Please give details of any medical conditions which might affect your child/ren's yoga practice:

Is your child or any of your children currently taking any form of medication? Yes/No

If yes, please give further details:

Please continue overleaf...

Has your child or children suffered any injury or undergone any surgery that may affect their yoga practice? Yes/No

If yes, please give further details:

What are your reasons for bringing your child/ren to Yoga and what do you hope to gain from it?

How did you hear about the class? _____

Any additional comments...

*Thank you for completing this registration form.
Please note, that all information on this form will remain confidential.*