



Teen and Kids Class & Course - Welcome Profile

All information given on this form will be treated as confidential.

Child's Name: _____ Teen Mobile: _____

Date of Birth: _____ School Name: _____

Parent/Guardian Name: _____ Mobile: _____

Address: _____

Parent/Guardian Email Address: _____

Yes please give me or a family member a free drop in any regular (more adult's) class on my birthday, and updates on special offers and upcoming events (please tick) Email future SMS opt in to occasional offers

How did you hear about us? Walked/Drove past Letterdrop Flyer/Noticeboard (where?) _____

Friend/Health Practitioner - Who may we thank? _____

Internet Search (which) _____

Medical History. Please indicate if your child have suffered any of the following conditions:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Low Tone | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Digestive Conditions | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Asthma | <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Other _____ |

Is your child currently taking any medications? Yes No If yes, for which condition(s)? _____

Please detail anything else you feel is important for us to know: _____

What are your main desires for your child in taking this class? _____

What are your child's goals for this term of classes? _____

Agreement: I will notify the teacher before class begins of any recent injury, illness or surgery. I understand that I am engaging the services of the teacher at each class that my child participates in, and that the teacher-student relationship is between myself and the teacher of each class, and that my teacher and Transform Yoga Pilates Barre is providing the opportunity, premises and equipment to allow the classes to be conducted. I expressly waive any claim I may have against Transform Yoga Pilates Barre for any injury or loss sustained while undertaking my practice under their instruction.

Signed (Parent/Guardian): _____ Date: _____