

New student registration form

Venue: _____

Child's name: _____ DOB: _____

Parent's /Carers Name: (Print)_____

YogaPebbles advises you to consult your GP/Physician on your behalf and/or on the behalf of your child, regarding any previous or existing medical condition/issue, and/or yours or your child's physical suitability to participate in *YogaPebbles* classes.

Previous or existing medical Information and/or regular medication:

Any know allergies: _____

Any other information I may need to know about you/your child:

Mobile Number: _____

First Emergency Contact : (name and number) _____

Second Emergency contact: (name and number) _____

Due to Data Protection Laws- please decide if **you do wish** to be contacted by email. Lisa Greenough will keep these permissions confidentially on file in accordance with GDPR regulations. Parent's/ Carers can request a copy of information *YogaPebbles* holds and this can be changed following discussion. Any collected information (email/phone number etc) will be used to update you about *YogaPebbles* services, news and events.

Signature: _____ Date : _____ **Yes I agree to be contacted: please tick**

Permission for promotional photographs/ videos on *YogaPebbles* Website and Social Media

Yes, I give permission
permission)

Permission given for group shots only (Please **tick** for

