



theraBe

Remedial massage and ScarWork
Pregnancy - Postnatal - Oncology

Children's Registration Form

Class Venue: Day and Time: Start Date:

Child's Full Name: Boy/Girl:.....

Date of Birth:/...../..... Age:.....yrs Class.....

Parent/Guardian's Full name:.....

Address:..... Post Code:.....

Contact Numbers: Home: Mob:.....

Email:.....

In the case of an emergency please provide a second guardian's details:

Name & Address..... Tel:.....

Has your child done any Yoga before? Yes/No

If Yes please state when and where they did it previously.....

Known allergies/physical

Limitations/Concerns:.....

From time to time I would like to send you additional relevant information about **theraBe** and yoga for children, if you do not wish to receive this information please tick here ☐

I acknowledge that I have read, understood and agreed to the Terms and Conditions of Contract below.

Parent/Guardian Signature: Date:...../...../.....

Payment details: please return this completed booking form together **with cash or by transfer** for **£55** for the terms course.

To pay by bank transfer, please tick here ☐ and please use your name as a reference for payment.

Account no: 20264551

Sort Code: 23-05-80

Bank name: Metro Bank

Name of account: Bianca Talyarkhan

Liability Disclaimer & Notice

I individually and as parent and or/guardian of the child identified above hereby acknowledge the following notice and grant to **Bianca Talyarkhan** the following:

Liability Release: **theraBe** takes all reasonable care in ensuring that its programmes are safe. However, I agree that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge I have been advised to consult with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation in the **theraBe** programmes. I assume the above risks and accept responsibility for any injury sustained by my child and discharge and hold harmless **theraBe**, its owners, officers and personnel including its teachers and its suppliers from any liability arising from any injury to my child or other persons or property caused by my child's participation in the **theraBe** programs. If that injury is caused either by mine or my child's own fault, or by a third party unconnected with **theraBe** provision of services, or by events which **theraBe**, its owners, officers and personnel including its teachers and its suppliers could not have foreseen or prevented even if they had taken all reasonable care.

Refund Classes: Prorated refunds will be given if cancellation is made in writing before the second attended class of the series. There is a £ 10 processing fee for refunds if you cancel a series of classes. I understand and agree that I will not receive any refund or credit for missed classes, but if cancellation of a class is due to failure on the part of **theraBe** I will be entitled to a reasonable refund of the charge for that class.

IF YOU DO NOT UNDERSTAND ANYTHING SET OUT IN THIS FORM PLEASE SPEAK TO **Bianca Talyarkhan AT **theraBe** ON **07798848066** BEFORE YOU SIGN.**

For Teachers Use Only: Name: Teaching Centre:

Program Dates:.....