



TASTER CLASS DECLARATION

PERSONAL DETAILS	
NAME	DATE OF BIRTH
ADDRESS	
TEL:	EMAIL:
YOUR CHILD	
NAME	DATE OF BIRTH
MEDICAL NOTES	
EMERGENCY CONTACT DETAILS	
NAME	RELATIONSHIP
TEL:	MOB:

IMPORTANT INFORMATION: PLEASE READ

Prior to commencing any exercise, it is required that you have had a satisfactory postnatal checkup with your GP.

You should perform the movements in the class at a pace which feels comfortable for you, and does not cause you severe pain or discomfort. If at any point during the class you feel unable to do something, please tell the teacher immediately and the movement can either be adapted for your body, or further advice can be given.

DECLARATION

I confirm that I have read and understood the advice above, and that I understand my responsibility to inform the class teacher if there is any reason why it might not be suitable for me to participate in exercise of this kind

I confirm that I have had a satisfactory postnatal check with my GP

SIGNED

Name _____ Date _____