



Wiggle Beat

Health Information and Consent Form

For your own safety, this form must be completed prior to participation in the class. Please read the following information carefully, and answer all questions to the best of your ability. If you have any questions about the class, or your ability to take part, please speak to the class teacher.

PERSONAL DETAILS	
NAME	DATE OF BIRTH
ADDRESS	
TEL:	EMAIL:
PREFERRED METHOD OF CONTACT:	
CHILD'S DETAILS	
CHILD 1	CHILD 2
DOB	DOB
CURRENT AGE	CURRENT AGE
EMERGENCY CONTACT DETAILS	
NAME	RELATIONSHIP
TEL:	MOB:

YOUR HEALTH		
Do you have, or have you ever had, any of the following ? Please tick and give any relevant details		
<i>Back pain/problems</i>	<input type="checkbox"/>	
<i>Joint or muscle pain or injury</i>	<input type="checkbox"/>	
<i>Breathing difficulties</i>	<input type="checkbox"/>	
<i>Dizzy spells/feeling faint</i>	<input type="checkbox"/>	
<i>Seizures or epilepsy</i>	<input type="checkbox"/>	
<i>Heart problems</i>	<input type="checkbox"/>	

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YOUR HEALTH		
Have you had any operations in the last 2 years?		
Are you taking any medication which may affect your ability to exercise?		
Do you have any other medical condition, illness or disability not covered by the above?		
Are there any particular movements which cause you pain?		

YOUR CHILD'S HEALTH	
Please give details below of any specific medical or developmental needs that might affect your child's ability to participate in the class.	

DECLARATION

I confirm that I have read and understood the advice above, and that I have answered all relevant questions fully and correctly.

I understand that the information I have provided on this form will be kept confidential and will not be shared with any third parties.

I understand - and give permission for - photography and video images that may be taken during classes, may be used for promotional and reporting purposes. Images may appear in printed marketing material, in the press/newspapers, online, and on social media pages. [Photograph subjects will not be identified by name unless by prior agreement.]

SIGNED

Name _____ Date _____