

Parent and Toddler Disclaimer

Dear Student:

Congratulations on being a parent! Please complete this form so we may review it prior to you and your child's first Yoga class. It will allow us to properly assess your needs, and those of your child. If you have any questions, please feel free to ask. We are happy to serve you.

Name: _____ Is this your first Yoga class? _____

If not, please explain: _____

General Health Information: Do you have any of the following conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Ailments of Lungs (What type?) |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Stress | <input type="checkbox"/> Arthritis (Where?) |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Back pain <u>lower, middle, upper?</u> |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Pain or Discomfort in any part
of your body. |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anxiety | If yes where? _____ |
| <input type="checkbox"/> Carpal Tunnel Syndrome | | Other _____ |
| <input type="checkbox"/> Fibromyalgia | | |

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:

Are you presently taking medication? If so, what is the name of the medication? Do you experience any side effects?

Please consult your Doctor before starting Yoga if you have undergone any form of surgery or are under heavy medication.

Other necessary information in regards to your health, please explain:

Child's Name _____ Child' Age: _____

Is this your child's first Yoga class? If not, please explain: _____

General Health Information: Does your child have any of the following conditions?

- | | | |
|--|---|--|
| <input type="checkbox"/> Respiratory Conditions | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Previously broken bones | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Weight Loss or Gain |
| <input type="checkbox"/> Blood Conditions | <input type="checkbox"/> Asthma | <input type="checkbox"/> Digestive Sensitivity |

Special needs? Please explain, _____

Any accidents or injuries? Please explain: _____

Is your child presently taking medication? If so, please explain in detail: _____

For any child with special needs, has their Doctor given permission to practice Yoga?

Please consult your Doctor before your child starts Yoga if they have undergone any form of surgery or are under any medication.

Other necessary information in regards to your child's health, please explain: _____

I, _____, hereby release The Royal Pathways Inc. "The School of Complete Yoga" and all Instructors and Teachers (of The Royal Pathways Inc. "The School of Complete Yoga") of all liability and responsibilities pertaining to Yoga classes. I am 18 years of age or older and understand this disclaimer.

Signed: _____

Name: _____

Dated: _____

Address: _____

Class: _____

Phone: _____

Instructor: _____

Would you like to be on our mailing list? Yes/No

Email address: _____

Thank you!

There are no changes to the information stated on this form OR if there are health changes, they are noted below. I will also notify The Royal Pathways Inc. "The School of Complete Yoga" of any changes to this information if they should occur during the session.

HEALTH UPDATES:

SIGNED: _____ **DATE:** _____