

A SPACE FOR ME

Child Registration, Medical Information & Parental Consent Form

Move With Me Yoga | Amanda Lynch

Please complete one form for each child before their first session. Tell Amanda promptly if any contact, medical or support information changes. Photography and marketing choices are optional and do not affect participation.

1. Child details

Child's full name	_____	Preferred name	_____
Date of birth	_____	Age	_____
Home address	_____	Postcode	_____
Class / session	_____	Start date	_____

2. Parent / carer and emergency contacts

Parent / carer 1	_____	Relationship	_____
Mobile	_____	Email	_____
Parent / carer 2 (optional)	_____	Mobile	_____
Alternative emergency contact	_____	Relationship	_____
Emergency mobile	_____	Other phone	_____

Collection / safeguarding information we need to know *e.g. authorised collectors or any important collection restriction*

3. Medical, health and additional support information

Please provide only information that is relevant to your child's safe participation. If there is an emergency plan or medication protocol, please speak with Amanda before the first session.

- ☐ My child has no medical conditions, allergies, medication or additional support needs that are relevant to the session.
- ☐ My child has information that Amanda needs to know (please give details below).

Medical conditions / recent injuries / mobility considerations

Allergies or intolerances

Medication carried or required during the session *include medication name, where it is kept and any agreed support needed*

Additional learning, sensory, communication, emotional or accessibility needs *include anything that will help Amanda support your child well*

4. First aid and emergency contact consent

If my child becomes unwell or is injured during a session, I consent to reasonable first aid being provided and, where necessary, for emergency services to be contacted. I understand that Amanda will make reasonable efforts to contact me or the emergency contact as soon as practicable.

☐ I consent to the first aid and emergency arrangements above.

5. Participation consent

A Space For Me / Move With Me Yoga sessions may include yoga, stretching, balance, movement, games, relaxation and other age-appropriate physical activities.

- ☐ I confirm that the information in this form is accurate to the best of my knowledge.
- ☐ I will tell Amanda about any relevant change to my child's health, medication or support needs.
- ☐ I understand my child should work within their own comfort and ability and may rest or stop an activity.
- ☐ I give permission for my child to take part in the sessions, subject to the information provided in this form.
- ☐ I consent to my child's participation in A Space For Me / Move With Me Yoga sessions.

Leaving the venue unaccompanied (only where relevant to the age/session):

- ☐ My child must be collected by an authorised adult.
- ☐ I give permission for my child to leave the venue unaccompanied at the end of the session.

6. Photography and video consent - OPTIONAL

You can say no to photography/video and your child can still take part. Where appropriate, the child's own wishes will also be respected. Full names will not normally be published alongside images.

☐ I consent to photographs and/or short video clips of my child being taken during sessions.

If you consent to images being taken, please tick each use you agree to:

- ☐ A Space For Me / Move With Me Yoga website.
- ☐ A Space For Me / Move With Me Yoga social media.
- ☐ Printed or digital promotional materials for A Space For Me / Move With Me Yoga.
- ☐ I do NOT consent to photographs or video of my child being taken or used for publicity.

Photo/video consent can be withdrawn for future use by contacting Amanda. Withdrawal may not be able to remove material that has already been printed or shared lawfully.

7. Communications - OPTIONAL

Essential messages about your child's booked sessions (for example, cancellations or venue changes) may be sent using the contact details above.

☐ I would also like to receive occasional news about future classes, workshops or events by email / message.

8. Privacy and data protection

The information in this form is used for class administration, safeguarding, emergency response and, where you have chosen it, photography/communications. Health information is treated as sensitive and should only be accessed where needed to support your child's safety and participation. For more information about how personal information is used, stored, retained and your data protection rights, please see the A Space For Me privacy notice or contact Amanda.

☐ I confirm that I have been given access to the privacy information for A Space For Me / Move With Me Yoga.

9. Parent / carer declaration

I confirm that I have parental responsibility, or authority from a person with parental responsibility, to provide the information and permissions in this form. I confirm that the information supplied is accurate and I will notify Amanda of any relevant changes.

Parent / carer name	_____	Date	_____
Signature	_____ _____	Relationship to child	_____

Thank you. Please return the completed form to Amanda before the child's first session.

For Amanda / administration use

Form received	_____	Reviewed by	_____
Medical/support information reviewed	☐ Yes ☐ N/A	Photo consent status	_____
Last updated	_____	Notes	_____

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