Consent form for dancers/yogis under the age of 18

The following must be completed by a responsible parent/carer of the student and signed. This must be returned to SageYogaDance before a child can attend a class.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number and name of Emergency Contact:

Please circle the correct option.

1. I do/do not consent to my child walking home by themselves

Comments: (e.g. they are allowed to walk home with someone else)

1. I do/do not consent to photos being taken of my child during class for the purposes of marketing for SageYogaDance. These will be used in both print and electronic forms of marketing, including Social Media.
2. I do/do not consent to videos being taken of my child during class for the purposes of marketing for SageYogaDance. These will be used in both print and electronic forms of marketing, including Social Media.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please be aware that Wellsway Sports Centre is a public sports centre. As such, the toilet facilities are shared with members of the public. Please tick to confirm your consent for your child to use these toilets unaccompanied.
2. I do/ do not give consent for First Aid to be administered in the event of an emergency.

At SageYogaDance we take the safety of your child and all that come into our care seriously. Georgina Stevens has a Level 3 Safeguarding Qualification, Paediatric First Aid Certificate and a full enhanced DBS check. Safeguarding procedures and training and are regularly updated. Should you have any concerns, please do not hesitate to speak to Georgina Stevens.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_