

**Parent and Baby Registration Form**

Name:

Baby’s Name: Baby’s DOB:

Date of first session:

Contact Number:

Emergency Contact Name and Number:

Have you and your baby had your 6 week postnatal check up? **Yes/ No**

Did your GP or midwife have any concerns? **Yes/No** If so, what?

Do you or the baby have any allergies?

Do you know of any reason why you should not participate in a programme of physical activity? **Yes/No**

Is there anything about the birth of your baby that might be useful to know before commencing

BabyBeats? **Yes/No**

Does your baby have any health conditions such as colic, reflux, hip dysplasia etc?

**Keep in touch with us**

Please tick the boxes below to tell us how you would like to hear from us:

Yes please, I would like to receive communications by email Yes please, I would like to receive communications by mobile





# BabyBeats Safety Guidelines and Photo Release Form

**Please note in a BabyBeats™ Class parents must always work with their own baby, at no point will a teacher demonstrate with your baby.**

During BabyBeats™ we aim to give you and your baby a calm and effective class. To achieve this, we ask that you never force your baby during any exercise, position or stretch. If you are unsure about any part of the class, please speak to your teacher. We ask that you never perform any move that you are not comfortable with. Please ask your teacher for an alternative if you do not feel confident or happy.

If you feel your child is not well, it is best not to attend the BabyBeats™ class. We do not recommend you attend a BabyBeats™ class within 24 hours of your baby’s immunisations.

# Disclaimer

I have read the above safety guidelines and will ensure that I adhere to them. I take full responsibility for myself and my baby

I take full responsibility for me and my baby relating to any BabyBeats™ class

I will seek the advice of my GP or Midwife before commencing BabyBeats™ classes if I have any concerns

If any health issues, injuries or concerns for myself or my baby arise over the period the classes run, I will inform my teacher and seek medical advice were appropriate.

Signed:

­­­­­­­Date:

I, give Rebekah permission to use my photograph or photographic image in official BabyBeats business, including: web site, newsletters, videos, media etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

⃝ \_Yes, I agree with the release form.

⃝ \_No, I do not agree with the release form. Signature:

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## **Health Commitment Statement RELATING TO COVID-19** Coronavirus is highly contagious (it spreads easily). Your health and the health of other class members is your responsibility. **My (Rebekah Cunliffe) BabyBeats commitment to you** I will put in place the government guidelines published online at www.gov.uk. These guidelines are aimed at reducing the risk of spreading coronavirus. I will carry out a risk assessment and make changes to manage social distancing and provide effective infection control. I will provide you with information about these changes, including any rules that I ask you to follow. Your commitment to me and other class members Do not enter the class venue if you or anyone in your household has coronavirus symptoms. By entering the class venue you accept that even though we have put in place the government guidelines, you are still at risk of getting coronavirus. Make yourself aware of the government guidelines published online at www.gov.uk about protecting yourself and others from coronavirus, and follow them. Make yourself aware of the changes we have made and any rules I ask you to follow, and follow them. **RELATING TO BabyBeats class.** **My commitment to you** I will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, I ask you not to exercise beyond what you consider to be your own abilities. I will make every reasonable effort to make sure that my equipment and facilities are in a safe condition for you to use and enjoy. I am committed to my continuing professional development and to maintain my qualifications to industry standards. If you tell me that you have a disability which puts you at a substantial disadvantage in accessing my equipment and facilities, I will consider what adjustments, if any, are reasonable for me to make.

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## **Your commitment to me - Rebekah BabyBeats** You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you attend a session you should get advice from a relevant medical professional and follow that advice. You should make yourself aware of any rules and instructions, including warning notices.  Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you. You should let me know immediately if you feel ill whilst participating in a session. Whilst not medically qualified I have had first-aid and life support training. If you have a disability, you must follow any reasonable instructions to allow you to exercise safely. This statement is for guidance only. It is not a legally binding agreement between you and me and does not create any obligations which you or I must meet.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand and agree to the Health Commitment Statement**