

Dear Parent/Guardian,

We provide a safe work-out environment that supports physical, mental and emotional growth of your child. All of our teachers are fully qualified and holding enhanced DBS check.

If you agree to your child participating in Aerial Yoga for Children course, then please sign and return the attached consent slip.

Yours sincerely,

Veronika Rakli

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I, _____, understand that my child/children may receive physical assists or adjustments to enhance or correct body posture during class by either the teacher or an assistant in class.

I will take accountability for alerting the teacher and assistant of any injury or impairment, allergy of my child/children in advance before class begins.

I consent to the collection and use of personal images by photography or video recording. I acknowledge these may be used on the Floating Fitness website and other social media such as Twitter, Instagram and Facebook, in newsletters and publications. All photography and other images collected will be stored securely, no names will be used.

I consent to my child, _____ receiving weekly Aerial Yoga sessions.

Signed:

Date:

Any additional comments we need to know about your child:
