



# Phoenix Yoga

Coventry & Warwickshire



## PHOENIX YOGA FOR CHILDREN - HEALTH QUESTIONNAIRE FORM

Childs Name: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Tel: \_\_\_\_\_

Can you think of any reason such as a recent physical illness or chronic condition that might prevent the practice of certain yoga postures?  
\_\_\_\_\_  
\_\_\_\_\_

What goals do you hope your child will achieve through yoga?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I as a parent/carer of the minor child identified above hereby acknowledge the following notices and grant Heidi Gerrard the following release from liability for any personal injury to my child. I acknowledge and understand that I, or my child will be engaging in physical activities, I acknowledge that it is my responsibility to consult with my child's physician with respect to any past or present injury, illness, health problem or medication that may affect my child's participation.

Sign \_\_\_\_\_

Print \_\_\_\_\_

Relationship to Child (Parent/Carer):  
\_\_\_\_\_

Would you be happy for Phoenix Yoga to use images of your child on their website and in other publicity documents?

Yes  No

Date \_\_/\_\_/\_\_

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[www.phoenixyoga.org](http://www.phoenixyoga.org)