



ABC~Massage: Baby Massage Course Enrolment Form

Baby's First Name:		Parent/Carer First Name:	
Baby's surname:		Parent/Carer's surname:	
Baby's DOB:		Relationship to Baby:	
Baby's Gender:	MALE / FEMALE	Baby's Birth Weight:	

Address:	
Post Code:	

Home Phone No:		Mobile Phone Number:	
Email Address:			

Doctor's Name:		Doctor's Address:	
Doctor's Phone No:			

Do you or your child have any medical condition your teacher should be aware of?	YES / NO
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Please give details (medication, etc...)	
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Please list briefly any medical problems you had during pregnancy (high blood pressure, back pain etc)

Please write a short description of your labour (include pain relief used, medical intervention etc).

Are you or your baby presently on any medication (please give details)?	YES / NO

Did your baby require any special care (please give details)?	YES / NO

Do you feel or have you suffered depression since the birth of your baby?	YES / NO

Is there any further information you would like to make your teacher aware of?	YES / NO

How did you hear about Active Baby Company?	
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Preferred Session:	Day:		Time:	
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Payment Details:	Cheque Enclosed?	YES / NO	Bank transfer?	YES / NO
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I take full responsibility over the health of my baby & myself in the Baby massage sessions and should there be any medical change I will consult my Baby Massage teacher. As far as I am aware, I have disclosed to my Baby Massage teacher all information regarding my health and my child's health relevant to the practice of Baby Massage. I take full responsibility for all applications of Baby Massage I may practise outside the Active Baby Company classes both now and in the future. I accept that Active Baby Company does not take responsibility for any applications of Baby Massage practices described or shown in books and videos.

I understand Active Baby Company Ltd will not be liable for any loss, damage or injury whilst on class premises. I fully understand that the recommendations, ideas and techniques expressed and described during Active Baby Company classes, as well as in books and videos endorsed by Active Baby Company cannot be regarded as a substitute for the advice of qualified medical practitioners. Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk. All lesson times and venues are subject to change, however all participants will receive prior notice, where alternative lessons are offered no refunds will be given.

I have read and I understand and agree to the above.

SIGNED:

DATED: