

Foirm Chlárúcháin do Ranganna Ióga



Yoga Classes Registration Form

Eolas an Tuismitheora nó Caomhnóra - Parent or Guardian Information

Ainm an Tuismitheora nó Caomhnóra (Clóite)	<i>Name of Parent or Guardian (Printed)</i>	
Uimhir Theileafóin	<i>Phone Number</i>	
Seoladh Rphoist	<i>Email Address</i>	
Teagmhálaí Éigeandála: Ainm	<i>Emergency Contact: Name</i>	
Teagmhálaí Éigeandála: Uimhir Theileafóin	<i>Emergency Contact: Telephone Number</i>	

Eolas an Dalta - Student's Information

Ainm an dalta	<i>Student's name</i>	
Seoladh	<i>Address</i>	
Aois	<i>Age</i>	
Dáta Breithe	<i>Date of Birth</i>	
Uimhir Fóin	<i>Phone Number</i>	
Seoladh Rphoist	<i>Email Address</i>	

Eolas Breise – Additional Information

Liostaigh aon riocht(aí) sláinte ar cheart dúinn a bheith ar an eolas fúthu (ailléirgí, teorannú cumais, fadhbanna cairdiacha, taomanna, gortuithe, obráidí le gairid, agus riachtanais bhreise ar bith san áireamh) - *Please list any health condition(s) that we should know about (including allergies, physical limitations, cardiac history, seizures, injuries, recent surgery, and additional needs of any kind):*

An bhfuil aon eolas eile ar mhaith leat go mbeadh a fhios againn faoi do ghasúr? - *Is there any additional information that you would like us to know about your child?*



Dearbhú Tuismitheora nó Caomhnóra - Declaration by Parent or Guardian

Go bhfios dom, tá mo ghasúr ina sláinte mhaith agus in ann páirt a ghlacadh sna ranganna ióga - *To the best of my knowledge, my child is in good health and able to participate in yoga classes:*

Tá/Yes Níl/No (Ciorclaigh rogha amháin – *circle one option*)

1. Tuigim go nglacfaidh an teagascóir ióga gach cúram réasúnach lena chinntiú go mbeidh na ranganna sábháilte. Tuigim go mbeidh mo ghasúr i mbun gníomhaíochta choirp agus go bhfuil seans beag ann go dtarlóidh gortú, cosúil le chuile cineál aclaíochta.

I understand that the instructor will take all reasonable care to ensure that the classes are safe. I understand that my child will be engaging in physical activity and, as with all forms of exercise, there is the small possibility of injury occurring.

2. Sula nglacann mo ghasúr páirt sna ranganna ióga, moladh dom teagmháil a dhéanamh le dochtúir agus/nó lia comhairleach mo ghasúr más rud é go bhfuil riocht sláinte ar bith orthu a d'fhéadfadh a chur isteach ar a rannpháirtíocht. Chomh maith le sin, má thagann aon athrú ar riocht(aí) sláinte mo ghasúr cuirfidh mé an teagascóir ióga ar an eolas faoi.

I have been advised to contact my child's doctor and/or consultant, before they participate in yoga classes, if he/she has any medical conditions that could affect their participation. I will inform my child's yoga teacher should there be any change in my child's medical condition(s).

3. Tuigim go bhfuil seans ann go mbeidh ar an múinteoir ióga seasamh mo ghasúr a dheisiú, mar is cóir, chun iad a chosaint ó ghortú agus tugaim cead don mhúinteoir é seo a dhéanamh.

I understand that it may be necessary for the yoga teacher to appropriately reposition my child and to safeguard them from injury, and I consent to this.

Síniú an Tuismitheora nó Caomhnóra – *Signature of Parent or Guardian*

Dáta – *Date*