



PISCES POLE STUDIO LTD

Stronger together, building confidence and community

the Pisces way!

MINOR WAIVER & PARTICIPATION CONSENT FORM

MINOR INFORMATION

Full Name of Minor: _____

Date of Birth: ____ / ____ / ____ Age: _____

Address: _____

PARENT / LEGAL GUARDIAN INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to Minor: _____

CLASS / PROGRAM DETAILS

Class Type:

- ☐ Youth Pole Fitness
- ☐ Youth Aerial Hoop
- ☐ Youth Aerial Silks

- ☐ Youth Acrobats
- ☐ Flexibility / Conditioning
- ☐ Private Lesson
- ☐ Other: _____

Preferred Class Day/Time: _____

Start Date: _____

Instructor: _____

Start Date: ____ / ____ / ____

ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that pole fitness and related activities involve physical exertion and may include:

- **Physical exertion, height, inversions, and risk of injury.**
- Climbing and spinning on a vertical pole, hoop or silks
- Strength-based movements
- Flexibility training
- Dynamic transitions and choreography

I acknowledge that these activities carry inherent risks such as:

- Muscle strain or sprain
- Bruising or skin burns
- Falls from height
- Impact injuries
- Joint or back injury
- Aggravation of existing medical conditions

I confirm that my child is physically able to participate, and I will inform the studio of any relevant medical conditions as soon as possible. It is my responsibility to ensure the minor is medically fit to participate.

The studio will take all reasonable steps to ensure safety, but **risk cannot be fully removed**.

PARENT / GUARDIAN CONSENT

By signing this form, I:

- Give permission for my child to participate in classes at Pisces Pole Studio Ltd
- Understand that instructors will prioritise safety and appropriate progressions
- Agree that my child will follow all studio rules and instructor guidance (the studio operates a three-strike rule, meaning that my child will be given three warnings before being suspended for agreed amount of time. Parent/Guardian will be notified at the earliest convenience of any strikes issued)
- Accept responsibility for monitoring my child's wellbeing
- Understand that it is my responsibility to provide my child with a drink for each class and ensure proper attire. Full length form fitting clothing for hoop and silks, shorts and vest top for pole.
- I agree to release Pisces Pole Studio Ltd from liability for injuries that may occur during participation
- Agree to arrive five minutes before the start of the lesson (no earlier) and collect my child on time
- Understand that if membership is not maintained or two weeks of absences occur without notifying the studio then my child's place will be offered to another child

PHOTO & VIDEO CONSENT (Optional)

Please select:

- ☐ I consent to photos/videos of my child being used for marketing and social media
- ☐ I consent ONLY to group photos/videos where my child is not the main focus
- ☐ I do NOT consent to any photos or videos of my child
- ☐ I consent to photos of my child being displayed in the studio

HEALTH INFORMATION

Please list any medical conditions, injuries, allergies, or additional needs:

Emergency Action Plan (if applicable):

I confirm the minor has **no undisclosed medical conditions** that would make participation unsafe.

Does the minor require medication during sessions?

☐ Yes (complete medication permission form)

☐ No

GP Name & Surgery: _____

GP Phone Number: _____

Medical Consent

☐ I consent to basic first aid being administered if required.

☐ I consent to emergency medical treatment if necessary.

ALLERGIES

Does the minor have any allergies? ☐ Yes ☐ No

If yes, list all allergies (including food, medication, latex, plasters, etc.):

ADDITIONAL NEEDS / SEN INFORMATION

Please provide details of any additional needs, learning differences, sensory needs, behavioural considerations, or anything that may help instructors support the minor safely:

LIABILITY WAIVER

I agree that:

- I release Pisces Pole Studio Ltd, its instructors, and representatives from **all liability** for injuries or damages arising from participation, except where caused by negligence.
- I accept responsibility for the minor's behaviour and adherence to safety instructions.
- Participation is voluntary and may be withdrawn at any time.

SAFEGUARDING & SUPERVISION

- All minors must be **signed in and out** by a parent/guardian.
- Parents/guardians must remain contactable during the session.
- The studio may refuse participation if safety or safeguarding concerns arise.

EMERGENCY CONTACT 1

(DIFFERENT TO PARENT / LEGAL GUARDIAN INFORMATION)

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

EMERGENCY CONTACT 2

(DIFFERENT TO PARENT / LEGAL GUARDIAN INFORMATION)

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

DECLARATION & SIGNATURES

By signing below, I confirm that all information provided is accurate and that I consent to my child's participation under the terms outlined above. I also confirm that I am the legal parent/guardian of the minor named above and I have read and understood this waiver.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Minor (optional): _____

Date: ____ / ____ / ____

Instructor (optional): _____

Date: ____ / ____ / ____