



UNDER 18's REGISTRATION FORM

Child's Name:

Date of Birth:

Home Address:

Name of Parent/Guardian:

Parent/Guardian Email Address:

Parent/Guardian Mobile Number:

Where did you hear about us:

Medical Information:-

Does your child have or has he/she ever experienced any of the following?

Please circle Y (yes) or N (no)

1. High or low blood pressure Y / N
2. Elevated cholesterol Y / N
3. Chest pains brought on by physical activity Y / N
4. Childhood epilepsy Y / N
5. Photosensitive epilepsy or another photosensitive condition Y / N
6. Asthma or any respiratory conditions Y / N
7. Dizziness or fainting Y / N
8. Any allergies (please specify) Y / N
9. Any sustained injury or illness Y / N
10. Is your child taking any medication? Y / N
11. Is there any other reason why your child may not take part in physical activity Y / N

(If yes to Q11 please specify)

Any answers marked yes (Y) should seek medical clearance from a GP and evidence of this clearance must be supplied to the instructor.

I(parent/guardian) of(child's name) have read and understood all of the information above and agree for.....(child's name) to take part in the exercise programme. All information is given accurate to the best of my knowledge. I understand that my child is responsible for monitoring his or herself during the exercise and if any symptoms occur they understand that they must tell the instructor.

Parent/Guardian Signature: -----

Date: -----