

 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: --------------------------