**Kidz Get Fit**

If you would like your child to take part in one of the holiday camps please fill in the form below and email it to the following address.

**info@kidzgetfit.co.uk**

**Sports club registration and consent form**

**Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.**

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|  Name of child/young person:  |
| Address:  |
| Date of Birth:  |
| Gender:  | Male / Female  |
| Name of parent / carer:  |
| Day time Tel No: | Mobile Tel No:  |
| Email address parent/carer:  |
| ***Emergency contact information:***  |
| Name of alternative adult who can be contacted in an emergency:  | Relationship to child/young person:  |
| Day time Tel No alternative adult:  | Mobile Tel No alternative adult:  |
| Please confirm if there any activities that your child can not participate in?  | Please give details:  |
| ***Medical information:*** |
| Any specific medical conditions requiring medical treatment?  | **Yes:** Please give details:  | **No:**  |
| Details of medication required (i.e. Inhaler) |
| Any specific medical condition or disability?  | **Yes:** Please give details:  | **No:**  |
| Any allergies?  | **Yes:**Please give details:  | **No:**  |