

## Registration Form for Junior Activities at Lampton Sports Centre

Please complete the form below and bring to first training session:

<b>Participant</b>	First Name		Last Name	
<b>Parent/ Guardian</b>	First Name		Last Name	
	Address			
	Post Code		School:	
	Date of Birth:		Age*:	
*For all children under the age of 11 a parent/guardian must be present in the centre throughout the session				
<b>Contact No.</b>	Day		Evening	
	Mobile		Email	
<b>Please provide medical information relating to any medication, allergies, dietary requirements etc. you child may have:</b>				
<b>Doctors Name</b>			<b>Doctors Tel:</b>	
<b>Doctors Address</b>				

Does your child have a disability? YES  NO

If yes please give details:

Will the participant be collected by a parent/guardian or be making their own way home?

Please tick: Being collected  Making own Way

**Ethnicity:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed White & Black Caribbean | <input type="checkbox"/> Asian Indian      |
| <input type="checkbox"/> White Irish   | <input type="checkbox"/> Mixed White & Black African   | <input type="checkbox"/> Asian Pakistani   |
| <input type="checkbox"/> White Other   | <input type="checkbox"/> Mixed White & Asian           | <input type="checkbox"/> Asian Bangladeshi |
| <input type="checkbox"/> Other         | <input type="checkbox"/> Mixed Other                   | <input type="checkbox"/> Asian Other       |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Black Caribbean               | <input type="checkbox"/> Black African     |

### Parents Consent Statement

My child is in good health and I consider him/her capable of taking part in Junior Gym.

I have completed the medical details, and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetic.

I also understand that while Coaches will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Please note that Fusion Lifestyle representatives may be taking photographs during these sessions for publicity purposes, please tick here if you do not want your child photographed

Parents/Guardian Name (BLOCK CAPITALS) \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Date: \_\_\_\_\_