

## Children's Registration Form

This document must be completed by the parent or guardian of the participating child

Date:

Childs surname	Childs first name																																																																		
Date of birth																																																																			
Parent/guardian name (1)	Parent/guardian name (2)																																																																		
Address  Town  Postcode	Home telephone number																																																																		
	Mobile number																																																																		
	E-mail address																																																																		
Doctors name and address																																																																			
Emergency contacts (landline and mobile number)																																																																			
Name	Relationship to child	Landline	Mobile																																																																
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<b>Other adults who are authorised to collect this child from Gymtastic.</b> (Please note we must receive written consent from the parent/guardian who drops off the child for another person to collect their child. This letter must state the persons full name, date of birth and description of appearance).																																																																			
<b>Childs health</b>  Does your child have, or has he/she ever had experience of the following (please delete as appropriate): <table style="width: 100%; border: none;"> <tr> <td>Diabetes?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Chest pains?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Family history of heart disease?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Joint problems?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Asthma or other respiratory problems?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Severe headaches or dizziness?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Musculoskeletal problems or disorders?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Recent surgery?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Any sustained injuries or illnesses?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Epilepsy?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Arthritis?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Difficulty with any form of physical exercise?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Currently taking medication?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Any food intolerance or other allergies?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Is your child up-to-date with their tetanus immunisations?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> <tr> <td>Has a doctor ever advised your child not to exercise?</td> <td>Yes</td> <td>No</td> <td>If yes, please explain</td> </tr> </table> <b>Please explain here:</b>  				Diabetes?	Yes	No	If yes, please explain	Chest pains?	Yes	No	If yes, please explain	Family history of heart disease?	Yes	No	If yes, please explain	Joint problems?	Yes	No	If yes, please explain	Asthma or other respiratory problems?	Yes	No	If yes, please explain	Severe headaches or dizziness?	Yes	No	If yes, please explain	Musculoskeletal problems or disorders?	Yes	No	If yes, please explain	Recent surgery?	Yes	No	If yes, please explain	Any sustained injuries or illnesses?	Yes	No	If yes, please explain	Epilepsy?	Yes	No	If yes, please explain	Arthritis?	Yes	No	If yes, please explain	Difficulty with any form of physical exercise?	Yes	No	If yes, please explain	Currently taking medication?	Yes	No	If yes, please explain	Any food intolerance or other allergies?	Yes	No	If yes, please explain	Is your child up-to-date with their tetanus immunisations?	Yes	No	If yes, please explain	Has a doctor ever advised your child not to exercise?	Yes	No	If yes, please explain
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<b>Parents/guardian consent for child to receive emergency treatment</b> Consent to emergency treatment      Yes      No      (please delete as appropriate) I, the parent/guardian give consent to the staff of Gymtastic or Esporta actioning emergency treatment procedures through the local hospital service if appropriate, and to sign any consent required by the hospital authorities if the delay in obtaining my own signature was considered advisable by the doctor or surgeon concerned.																																																																			
<b>Parent/guardian consent to Photography</b> Yes      No      (please delete as appropriate) I, the parent/guardian give consent to Gymtastic to photograph my child. I understand that I have the right to withdraw this privilege at any time.																																																																			
I, the parent/guardian of the aforementioned child acknowledge the completed information on this form to be true and accurate. To the best of my knowledge, I have given all relevant information regarding my childs health and ability to participate in Gymtastic classes.																																																																			
Signed	Print name	Date																																																																	
<b>Thank you for taking the time to complete this form</b>																																																																			