



## MEDICAL REGISTRATION FORM

CHILD'S NAME .....

ADDRESS .....

POSTCODE.....E MAIL(please print).....

DATE OF BIRTH.....

PARENT/GUARDIAN'S NAME .....

TELEPHONE NUMBER .....MOBILE NO.....

EMERGENCY CONTACT.....TEL NO.....

DOCTOR'S NAME .....TEL NO.....

ANY USEFUL INFORMATION CONCERNING CHILD'S HEALTH... ..

.....

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SIGNED ..... DATE.....

Occasionally, parents like to take photographs or videos of their children in the class. Unfortunately, under the child protection act, we are unable to let them do this unless we have the permission of all parents who have children in the gym.

We do like to accommodate any requests where possible therefore, if you have no objection to your child being in photographs, please sign the undernoted statement

I HAVE NO OBJECTION AND GIVE MY PERMISSION TO ALLOW PHOTOGRAPHS OF MY CHILD TO BE TAKEN WHILE THEY ARE IN THE GYMINI CLASS.

SIGNED.....

IMPORTANT - PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE.