



FIT KIDS BOOKING FORM

CONFIDENTIAL For the benefit of the instructor and for insurance purposes would all parents/ guardians please complete both sides of this form for those attending Fit Kids.

Applicant's Name: Miss/Master.....

Address:.....

Post Code:..... Tel No.....

Age:..... Please tick box if first time at Fit Kids

Name of school child attends.....

Activity Code/s:.....

PLEASE ENSURE YOU HAVE READ THE NOTES TO PARENTS AND COMPLETE THE MEDICAL FORM ON REVERSE OF THIS PAGE

OFFICE USE ONLY

Date Paid:..... Duty Officer:.....

Amount Received: £.....

CANCELLATION POLICY

1. Bookings cancelled less than 24hrs notice will result in forfeit of booking.
2. Bookings cancelled with more than 24hrs notice will be credited with another fit kids booking at a later date.
3. All refund/credits are subject to manager's discretion.



FIT KIDS MEDICAL FORM

1. Childs Name:.....

2. Does the child suffer from: Asthma YES/ NO Epilepsy YES/ NO
Diabetes YES/ NO

3. Is the child currently under any medication? YES/ NO (if yes please specify).....

4. Does the child have any other medical condition including allergies that will be of relevance to the instructor? (please specify).....

5. Does the child have any other learning or physical disability that will be of relevance to the instructor? (please specify).....

6. What standard of swimming ability is your child? (Delete as applicable)

Beginner

Improver

Able Swimmer

Beginner = Non-Swimmer or children using aids to enable them to swim (inc children recently out of armbands) **if child is a non-swimmer please supply armbands.**

Improver = Swimming unaided and confident in water but lacking style (able to swim over 25m non-stop).

Able Swimmer = Confident swimming in deep water and over reasonable distances (50m+) with good style and strength.

I hereby state I have read, acknowledged and understood all notes to parents (pg 2) and declare all information contained in this form is correct to the best of my knowledge.

SIGNED: (Parent or Guardian):..... DATE.....

PRINT NAME:.....

(Please Note: We require only one Medical Form per child, per Fit Kids Camp)