

NRG JUNIOR CAMP

Week Beginning: __/__/__

Child's Name: _____

Address: _____

Date of Birth: _____

Phone No.: _____ (home) _____ mobile

Email Address: _____

Doctors Name: _____

Doctors Phone No.: _____

Does your child have any illness or injures that may cause difficulties when exercising? Or have they had any injuries in the last 12 months? If so please give details:

Is your child taking any medications at the moment? **Yes / No**

Does your child experience any of the following?:

Breathing Difficulties	Yes / No
Asthma	Yes / No
Diabetes	Yes / No
Joint problems	Yes / No
Epilepsy?	Yes / No

Any Allergies _____

I understand that NRG Health & Fitness assumes no responsibility for injuries or illnesses which my child may sustain as a result of a physical condition or resulting from any observation or participation in any tasks or activities or use of facilities or equipment used for the camp's activities. In using the facilities, NRG Health & Fitness Ltd takes no responsibility for any loss or damage to personal property that may occur whilst on the premises.

Parents Signature _____

Date _____