

# Registration Form



Name

Date of Birth

Age

Address

Parent's Name and Contact No

Doctors Name and Contact No

What class/classes is your child attending?

Would you be interested in purchasing specialised clothing for your child? (such as leotards, shorts, tights, ballet shoes, other suitable items...)

Yes/No

If so please state

Does your Child has any illness or injures that may cause them difficulty when exercising?

If so please give details:

Has your Child had any injuries in the last 12 months?

Yes/No

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 other illness, injury or allergies, please give details:

I understand that NRG Health and Fitness assumes no responsibility for injures 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 lesson activities. In using the facilities NRG Health and Fitness Ltd takes no responsibility for any loss or damage to personal property that may occur whilst on the premises.

Parents Signature

Date

