

MEDICAL



Doctors Name _____

Surgery _____

Surgery Telephone _____

Please circle **Yes** or **No**

1. Does your child suffer/suffered from heart problems, circulatory problems, blood pressure problems or joint/movement problems? **Yes** **No**
2. Has your child had recent surgery? **Yes** **No**
3. Currently being prescribed medication? **Yes** **No**
4. Recently finished a course of medication? **Yes** **No**
5. Diabetes? **Yes** **No**
6. Asthma or breathing problems? **Yes** **No**
7. Do you give permission for us to administer first aid if needed **Yes** **No**
8. If there are any other reasons that may prevent your child from participating in regular exercise, please provide details

Is your child disabled? **Yes** **No**

(if yes, please tick which of the following apply)

Visual Impairment Learning disability Health/other

Hearing impairment Physical impairment

DECLARATION

I have answered all questions in this form honestly and I am aware that if I have answered yes to any of the questions I will need to consult my GP before my children commence the courses. If my child is affected by any of the questions mentioned in this form at a later date I agree to approach a member of staff and update the centre on any changes in health or fitness.

REMEMEBER

Please ensure your child brings appropriate clothing, swimming kit, packed lunch and sun screen for each day. Refreshments are available at the Coffee Pod. Lunch is not applicable to afternoon sessions. The centre reserves the right to cancel or change the activity programme due to lack of demand/or adverse weather conditions. Please be aware unruly behaviour and bad language will not be tolerated at the centre, should any child's behaviour continue to be persistent we will be forced to discontinue their attendance. I hereby give permission for my child(ren) to have the photograph taken for general release by the Sports Centre for marketing purposes. Please specify by ticking the appropriate box Yes No

If you would like to opt in to our marketing mailing list so that we can share our current offers, news and information with you, please tick the box Yes No

We will never pass your details onto third parties. You will be able to unsubscribe at any time.

Please specify which ways we can contact you.

Email Mail SMS Social Media Telephone

Signed: _____ Date: _____

BOOKING

FORM

Please Circle	Morning 09.00 - 13.00	Afternoon 13.00 - 17.00	All Day 09.00 - 17.00
Monday	£15/£18	£15/£18	£25/£28
Tuesday	£15/£18	£15/£18	£25/£28
Wednesday	£15/£18	£15/£18	£25/£28
Thursday	£15/£18	£15/£18	£25/£28
Friday	£15/£18	£15/£18	£25/£28
Total			

Name _____

Address _____

_____ Postcode _____

Date of Birth _____ Age _____ Tel _____

Emergency Contact Name and Tel No. _____

Emergency Contact Name and Tel No. _____

Email _____

How did you hear about us? _____

Which school does your child attend? _____

Payment will be taken at the time of booking to secure your place.

Please make cheques payable to **Sherborne Sports and Leisure Limited**

PLEASE SEE OVER