



SCHOOL HOLIDAY PROGRAM Parent Consent Form

Please complete one form for each child

All School Holiday Program sessions are conducted under the guidance of coaches qualified to the appropriate Personal Training and Working with Children status

Please complete the following, sign and bring to first session

Name of Child: Date of Birth.....Age.....

School.....

Parent/Guardian (Print Name):

ID provided by Parent/Guardian:..... (Photo I.D required)

Address:

..... Postcode

Phone: (day): Phone (evening):.....

Mobile: E-mail:

Family Doctor Doctor's .Phone No

Does your child suffer from any medical conditions/allergies that Kidzone Fitness staff should be aware of (including any current medication)?.....

.....

Please provide details of any medication that must be administered during sessions

.....

Emergency contact details: (If different from above)

Name: Phone no:

Relationship to child:

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of "Kidzone Fitness".
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand that Kidzone Fitness accepts no responsibility for loss, damage or injury caused by or during attendance on any of the organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the staff of Kidzone Fitness

Signed: Relationship to child:

Date:

Kidzone Staff Member to Sign:Date: