

Friday Night Fitness Zone

TAVISTOCK COMMUNITY SPORTS CENTRE

Child's name _____

Date of birth _____ Age _____

Pupil At _____ (School)

Parent/ carer name(s) _____

Address _____

Telephone _____ Mobile _____

E-mail address _____

Additional emergency contact name _____

Relationship _____

Telephone _____ Mobile _____

Details of any medical conditions –

Does your child normally take / use medication **YES/NO**
Please advise as appropriate

I give permission for my child to be taken to hospital and treated in the event of not being able to contact me immediately **YES/NO**

Children are under the supervision of experienced staff in accordance with Devon Social Services recommendations under the Children's Act 1989, but there maybe times during the evening when your son / daughter will not be under the direct supervision of an adult.

DATA PROTECTION ACT AND IMAGES We may wish to take images of your child for promotional purposes to be used in printed publications as well as on our website and display boards. In addition the media may wish to take photographs or video recordings, which may subsequently appear in newspapers or on television. Images for any purpose will not be provided with names. If you **DO NOT** want the images of your child to be used by Tavistock College, including release to the media, please include a letter to this effect with your booking form.

I consent to my son / daughter taking part in Tavistock College Friday Night Fitness Zone

Signature of parent/carers

Date

Which Activities are you planning on attending?

Circuits

Football

Kickboxing

The circuits and football are charged at £1.00 for both.

The kickboxing is a separate charge of £2.00 a week.

Please pay the coach on arrival; we **MUST** have a signed consent form from you before the start of your first session.

Get involved, get fit, have fun!

**Tavistock Community
SPORTS CENTRE**