

Mote Park Water Sports Centre

Personal information:			
First name:		Surname	
DOB:		Age:	
Address:			
Telephone & email:			
Next of kin:		Relation:	
Next of kin address:			
Next of kin contact:	Day:		Evening:
Medical information:			
All medication being taken at this time must be declared. Does your child have or have they had any of the following. Please give details			
Condition:	Yes/no	Comments: (medication)	
Heart or circulatory ailments	Yes / No		
Respiratory ailments or disease	Yes / No		
Asthma	Yes / No		
Epilepsy/seizures	Yes / No		
Diabetes	Yes / No		
AD-HD	Yes / No		
Other	Yes / No		
Other information:			
Is your child confident in water?		Yes / No	
Consent:			
<ul style="list-style-type: none"> I hereby give my consent for my child named above to participate in organised activities We may use pictures in our advertising. Please tick the box if you do not wish us to use them 			
Signature _____		Date _____	
Name (please print) _____			

Please use the reverse for any additional information

