

Parental Consent Form



Students Name: _____

Date of birth: ____/____/____

Age: _____

Medical information:

Name of Doctor: _____ Tel No: _____

Does your child suffer from any condition requiring medical treatment including medication?

If yes please specify _____

I agree to the Sports Centre membership Terms and Conditions and Health Declaration (available online and within the membership form) and give permission for my child to take part in FITKIDZ gym and swim sessions.

As parent/carer I understand the risk of all activities included within the membership and accept full responsibility for any and all risks and any outcome of those risks.

By signing this form, I accept the above student/child has no medical condition which can have adverse effects to exercise and understand I should seek professional advice from a qualified doctor where unsure.

I give permission for medical attention to be sought in case of emergency.

Parent/Guardian Name: _____

Signature: _____

Dated: _____

Please complete and send with your child prior to their first session.