

**Please complete a separate form for each child**

Surname: ..... Forename: .....

Date of Birth: ..... Age: .....

Address: .....

..... Postcode: .....

Name of school: ..... How did you hear about us: .....

Relationship to Child: .....

Title: ..... Name: .....

Home Tel: ..... Mobile: .....

Email Address: .....

Please supply a password for collection: .....

**IMPORTANT:** Please provide details of two contacts other than the Parent/Guardian in case of an emergency.

Name: .....

Relationship to child: ..... Tel: .....

Name: .....

Relationship to child: ..... Tel: .....

**Does your child have any relevant medical history or a disability?**

Yes  No  If yes, please specify .....

**Does your child take regular medication?**

Yes  No  If yes, please specify .....

I have read and fully understand the Terms & Conditions and agree to inform Storm Fit immediately if there are any changes to the details provided.

**I hereby give consent for staff to seek emergency medical advice or treatment in the event of an accident or emergency.**

Signature of Parent/Guardian: ..... Date: .....

Amount Paid: ..... Receipt number: ..... Payment type: .....

Additional Payments: .....

We would like to keep in touch with you about future events, activities, promotions and products although this is not an exclusive list.

Please select from the below options about how you would like to be contacted:

Post  Email  SMS  Phone

All of the above  I do not wish to be contacted

**How does the organisation protect data?**

The organisation takes the security of your data seriously. The organisation has internal policies and controls in place to try to ensure that your data is not lost, accidentally destroyed, misused or disclosed, and is not accessed except by its employees in the performance of their duties. The Data Protection policy is available to view on our websites at [stormfit.co.uk](http://stormfit.co.uk) or can be obtained in a paper version by contacting the College Reception.

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