

KIDS CLUB ENROLMENT FORM

NAME DATE OF BIRTH AGE MALE/FEMALE

ADDRESS:

TELEPHONE NUMBERS:

HOME: WORK: MOBILE:

EMAIL:

ANY ALLERGIES/ ILLNESSES

IS YOUR CHILD ON ANY MEDICATION

TICK BOX	Monday	Tuesday	Wednesday	Thursday	Friday	Full Week
WEEK 1		£11.00	£11.00	£11.00	£11.00	£40.00
WEEK 2	£11.00	£11.00	£11.00	£11.00	£11.00	£50.00

I acknowledge and accept that Woughton Leisure Centre is not under any liability whatsoever in respect of personal injury, loss or damage however caused whilst in attendance on the day/days above.

I agree that if my child requires urgent medical treatment whilst attending the activities at Woughton Centre and it has not been possible to contact the parent or guardian, then a member of Woughton Leisure Trust staff is authorised to give consent on my behalf.

Signed Date Amount Paid Receipt No

Receipt Number (Centre use only)