



Kid's Details Form

Please complete carefully in BLOCK CAPITALS. Thank you.

Kid's Details

First Name	<input type="text"/>	Surname	<input type="text"/>		
Known As	<input type="text"/>	D.O.B	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	School Year	<input type="text"/>

We use your child's school year to work out which class they should be in. Therefore, please ensure this is accurate.

Parent/Guardian Details

Parent/Guardian 1

This will always be the first person we try to contact, whether it be a routine enquiry, or in an emergency. This is also the person we will send important class information to.

First Name	<input type="text"/>	Surname	<input type="text"/>
House no.	<input type="text"/>	Street	<input type="text"/>
Town/City	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>
Home Tel no.	<input type="text"/>	Work Tel no.	<input type="text"/>
Mobile no.	<input type="text"/>	Relationship	<input type="text"/>

Parent/Guardian 2

If we cannot get in touch with the person above, this will be the second person we try to contact, whether it be a routine enquiry or in an emergency.

First Name	<input type="text"/>	Surname	<input type="text"/>
House no.	<input type="text"/>	Street	<input type="text"/>
Town/City	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>
Home Tel no.	<input type="text"/>	Work Tel no.	<input type="text"/>
Mobile no.	<input type="text"/>	Relationship	<input type="text"/>

Other Emergency Contact

We will only contact this person in an emergency and when we are unable to get in contact with either of the people above.

First Name	<input type="text"/>	Surname	<input type="text"/>
Home Tel no.	<input type="text"/>	Work Tel no.	<input type="text"/>
Mobile no.	<input type="text"/>	Relationship	<input type="text"/>

Medical Information

Does your child have asthma?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have diabetes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have any allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If the answer to any of the above is 'Yes', please provide details; (Please continue on a separate sheet if necessary)

Please continue overleaf...

Medical Information cont...

Please provide details of any other medical conditions your child has; (Please continue on a separate sheet if necessary)

Please provide details of any relevant behavioural conditions your child has; (Please continue on a separate sheet if necessary)

Additional Information

Please provide details of any special requirements your child may have; (Please continue on a separate sheet if necessary)

Please provide details of any specific aims or goals you or your child hope they will achieve as a result of their attendance at classes; (Please continue on a separate sheet if necessary)

Please provide any other information you feel is relevant; (Please continue on a separate sheet if necessary)

How did you hear about CKF?

Internet Search Friends/Family Local Advertising Other

Declaration

Our instructors have been trained in first aid. In the unlikely event of a medical emergency during class, do you give us permission to administer first aid?

Yes No

It is important for us to be able to contact you with essential information relating to the class(es) your child attends. We aim to be a 'paperless' organisation and therefore we would prefer to email you this information, however, if this is not possible then please tick the box below.

I do not have an email address, please send me class information by letter.

Please indicate whether we may use photos or video of your child taken during classes, ceremonies or seminars for publicity purposes.

Yes No

Signed

Name

Date

DD	MM	YYYY
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All information you supply is for our internal use only. Cambridge Kung Fu will never sell or share data with external companies or third-parties.