



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/Behavioural Information

Please provide details of any relevant medical or behavioural conditions your child has, including any medication they regularly take; (please continue in the blank space overleaf if necessary)

Form continues overleaf...

Additional Information

Please provide any other information you feel is relevant, below (i.e. any special requirements your child may have, any specific aims or goals your child has etc.)

How did you hear about CKF?

Internet Search Friends/Family Local Advertising Other

Declaration

First Aid Permission - We have instructors trained in first aid. Do you give us permission to administer first aid when required?

Yes No

Photo Permission - Can we use photos or video of your child taken during classes or events for publicity purposes. Please note we will not include your child's name without seeking your permission.

Yes No

Upcoming Events - Would you like to receive monthly emails about our Upcoming Events. Please note this would be in addition to essential information emails that we also aim to send only once per month.

Yes

All information you supply is for our internal use only. Cambridge Kung Fu will never sell your data to external companies or third-parties. For more information on how we use your data please contact us or see our Data Privacy Policy on our website at www.cambridgekungfu.com.

Signed

Name

Date

DD	MM	YYYY
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Please use the space below for any further medical/behavioural or additional information...