



Please complete carefully in BLOCK CAPITALS. Thank you.

### Kid's Details

First Name  Surname   
Known As  D.O.B    School Year   
If your child would like to be CC'd into general info emails that we send to you then please include their email address here;  
Email

### 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  Surname   
House no.  Street   
Town/City  County   
Postcode  Email   
Home Tel no.  Work Tel no.   
Mobile no.  Relationship

#### 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  Surname   
House no.  Street   
Town/City  County   
Postcode  Email   
Home Tel no.  Work Tel no.   
Mobile no.  Relationship

#### 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  Surname   
Home Tel no.  Work Tel no.   
Mobile no.  Relationship

### Medical Information

Does your child have asthma? Yes  No   
Does your child have diabetes? Yes  No   
Does your child have any allergies? Yes  No

***Please continue overleaf...***

## Medical Information cont...

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

Please provide details of any other medical or 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 taken of your child during classes, ceremonies or seminars for publicity purposes.

Yes  No

Signed

Name

Date

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.