

**Children’s Starter and Medical Form**

**Childs name:**

**Parent/Guardian name:**

**Address:**

**Childs Date of Birth: Current Age:**

**Emergency Contact Details:**

**GP Surgery and Telephone Number:**

**Health Questions:**

**Does your child have or has he or she ever experienced any of the following?**

**Please delete/circle**

1. High or Low Blood Pressure Y / N
2. Elevated blood cholesterol Y / N
3. Diabetes Y / N
4. Chest pains brought on by physical exertion Y / N
5. Childhood epilepsy Y / N
6. Dizziness or fainting Y / N
7. Any bone, joint or muscular problems with arthritis Y / N
8. Asthma or respiratory Problems Y / N
9. Any sustained injuries or illness Y / N
10. Any allergies Y / N
11. Is your child taking any medication Y / N
12. Has your doctor ever advised your child to exercise Y / N
13. Is there any reason not mentioned above why any type or physical activity may not be suitable for your child Y / N

If you have answered ‘YES’ to any of the above questions please give full details here and seek medical clearance prior to the session.

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the coach immediately.

In the event that medical clearance must be obtained before my child’s participation in an exercise session, I agree to contact the GP and obtain written permission prior to the commencement of the exercise activity, and that the permission be given to the coach. I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity.

**Parent/guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Consent form for photography/filming**

I give consent to L & F Multi Sports to use photographs and/or video recordings including images of my child internally and externally to promote the business. These images could be used in print and digital media formats including print publications, websites, e-marketing, posters banners, advertising, film, social media, teaching and research purposes.

I understand that images on websites can be viewed throughout the world and not just in the United Kingdom and that some overseas countries may not provide the same level of protection to the rights of individuals as EU/UK legislation provides.

I understand that some images or recordings may be kept permanently once they are published.

I have read and understand the conditions and consent to the images being used as described.

|  |  |
| --- | --- |
| Print Name of child  Print name of Parent/Guardian |  |
| Signature |  |
| Date |  |

**Your rights**

You have the right to request to see a copy of the information we hold about your child and to request corrections or deletions of the information that is no longer required. You can ask L & F Multi Sports to stop using the images at any time, in which case it will not be used in future publications but may continue to appear in publications already in circulation.

**Contact details**

If you have any questions relating to this consent form or the way we are planning to use your information please contact:

[lfmultisports@outlook.com](mailto:lfmultisports@outlook.com)

[www.lfmultisports.co.uk](http://www.lfmultisports.co.uk)

Please email back to [lfmultisports@outlook.com](mailto:lfmultisports@outlook.com) or print out and bring to first session.

Please be aware that your child will not be able to participate in any session until a medical form has been completed and returned.

Thank you for taking the time to complete these forms.