

Date

SIGNING IN/OUT SHEET



Full Name of child:			
Signed in by Parent:	(Name)	(Signature)	
Trainer:	(Signature)	(Date)	
Emergency Telephone:	(Mobile)	Work Telephone:	
Next of Kin Telephone:			
Email:			
Home address:			

Signed Out by Parent:	(Name)	(Signature)
Trainer:	(Signature)	(Date)





KIDS MEMBERS FORM

Kids Full Name:	
Home Address:	
Age:	Date of Birth:
Name of School:	

Next of Kin:	(Name)	Contact Number:	
Parent Contact No:	(Mobile)	Other No:	(Work)
Email:			
Date of Joining BBC Kids:			
How did you hear about us?			
Photo shots:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical conditions or injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'YES', please give details below:		
Does your child have any physical or learning disability too and if so, please clarify			

Should my child require the use of toilet facilities, I accept that there is a portaloos within a toilet tent which they are able to use independently and as there is no running water, accept antiseptic wipes will be provided for the purpose of hand washing.

Trainer Signature	Venue	Date

Parent Signature	Date

