

Child's Full Name	
Child's DOB	
Child's Address	
Registered Doctors Address	
Any medical conditions	It is your responsibility to keep us informed of any changes in your child's circumstance such as medical conditions.
Do they require an inhaler	You must ensure your child brings their inhaler as we can not provide one.
Parents Guardian mobile contact number	The mobile number provided will be used to contact you in the event of an emergency, change of time or cancellation of the class by providing a mobile number I agree to be contacted in such events.

	Name	Relationship to child	Contact number
1st Emergency contact			
2nd Emergency contact			

Boxing class at Gurdwara Guru Nanak Parkash Coventry

All parents must remain in the Gurdwara during class time as your child will meet you in the langar hall after the class has finished.

Every care and due diligence will be taken to ensure the safety of the children however in consideration of being permitted to participate in any way in the Martial Arts Program indicated above and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited during class), the adult named below agrees, or the parent(s) and/or legal guardian(s) of the minor participant named above agree:

In consideration for the above child's attendance and participation in the martial arts training offered at Gurdwara Guru Nanak Prakash, Coventry I, the parent acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the Gurdwara, its management, staff, voluntary staff, martial arts teachers, committee members and fellow students from any liability resulting in loss, whether personal belonging or bodily injury. I also state my child is physically fit to take the prescribed course of instructions and allow them to do so on my own free will.

(PLEASE PRINT ALL INFORMATION CLEARLY)

Print Participant Name _____

Print Parent/Guardian _____

Signature (adult) _____

Address _____

Date _____