

Kids Members Form



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

Parent or Guardian:	(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 portaloo 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	



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