



Holiday Sports Enrolment Form

Child Information:

Name:	Age:
Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of birth:
Address:	
Post Code:	
Medical Conditions:	
School Attending:	

Next of Kin Information:

Name:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Address (if different from above):	
Post Code:	
Home Telephone Number:	Mobile Phone Number:
Email Address:	

Declaration:

I am the parent / guardian of the above named child and agree to my child attending this course.

I also consent to my child's photograph being displayed within college premises, promotions and publications.

Print:

Sign: Date:

Enrolling Lecturers Signature:

For College use only

Course Title	<input type="text"/>		
Date Enrolled	<input type="text"/>	Passport Number	<input type="text"/>