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**Enrolment Form for Kids Classes**

**Childs name ………………………………………………………………………..**

Child's Date of Birth ……………………………………………………………..

Home Address ……………………………………………………………………….

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Emergency Contact Name Phone Number and e mail address

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Has this child, or have any siblings, been enrolled in Kids classes before? Y N

Are you a member of Cockburn ARC? Y N

I agree to stay in the Centre while my child attends the Kids Session. Y N

Does your child suffer from any of the following

Diabetes or Asthma Y N

Any abnormal episodes ie seizures, fainting, heatstroke Y N

Diagnosed psychological/behavioural problems Y N

Muscle bone or joint problem Y N

Neuromuscular difficulties, ie brain or spinal injuries Y N

Sensory issues ie vision, hearing, speech, balance Y N

Allergies Y N

Other medical reason/condition which might prevent the child from participating in an exercise program Y N

Please list any medications currently taken, the purpose of the medication and any known side effects

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I agree to check with my doctor before enrolling my child if he/she suffers with any of the above Y N