Fitness Camp

Parental Consent Form

I confirm that I _____ am the parent/legal guardian of

_____.

Contact Details

Name of Child:

Date of Birth:

Address:

Parent's/ Guardian's Mobile Phone No:.

Emergency Contact No. (1):

Emergency Contact No. (2):

Current Exercise Level:

Current Sport:

Please also include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special needs, injuries , etc.

_____

_____

_____

Photographic & Video Consent

I consent/do not consent to the below mentioned child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in the camp.

Name:

Age:

Signature:

Date:

Print Name:

State Relationship to child:

Phone No:

Pay Information

The cost of the camp for 1 day is **£30**. This price includes specialist strength and conditioning coaching from fully qualified individuals.

To pay please transfer to the account below:

Name: Lync Active Limited

Account Number: 12323888

Sort Code: 60-24-30

Thank you and we look forward to seeing you on our Fitness Camp!