

Registration for Bodybuilders (One per child please) **£1 to register**

Full name of child.....

Date of birth M/F School year now.....

Address.....

Telephone number..... School.....

GP's name and phone number.....

Emergency contact phone number/mobile no.....

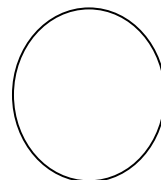
Details of any known conditions and allergies.....

In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment, including anaesthetic.

I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Signed (parent/guardian).....Name (Printed).....



Attend Paid
£1.00 reg.fee
Mon
Tue
Wed
Thu
Fri
50p per day

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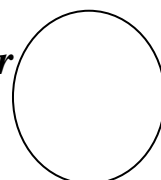
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