

Activities Application Form

School Site: H.L.C., Crescent Road, Hadley, Telford TF1 5NU
Tel: 01952 256972 Charity Registration Number:1044891

Full Name: _____ **Date of Birth (under 16):** _____

Address: _____ **Post Code:** _____

Telephone number: _____ **Email:** _____

Please tick which activity class you are participating:

Adult Tai Chi Class Children Kung Fu Chinese Calligraphy

Parents or Guardians details for emergency contact for Children under 16

1 Name:	2 Name:
Telephone no.	Telephone no.
Mobile no.	Mobile no.
Relationship to the child:	Relationship to the child:

Consent form - Medical Care for Children under 16

In the event of an accident or emergency, we hereby give our consent for any urgent medical treatment necessary to be carried out on our child. Can we use the following medical sundries on your child?

Plaster	Yes / No	If not, why?
Antiseptic Disinfectant Wipes	Yes / No	If not, why?
Disinfectant	Yes / No	If not, Why?
Sting & Bite cream	Yes / No	If not, Why?
Cuts & Grazes cream	Yes / No	If not, Why?

Does your child suffer from any known allergies? If yes please stated,

Photographs Permission for Children under 16

I give permission for my child / children _____ to have photographs taken and for them to be used for publicity purposes by UK Telford Chinese School.

For Adult Taichi Class

I, the undersigned, wish to participate in the fitness program. I certify that I will use good judgement while exercising. I recognize that I am responsible for my own state of health, and I will advise the instructor of any health problems related to exercising. I realize that any time one engages in physical activity there are inherent dangers. I therefore accept any and all responsibility and assume the risk of any and all injury or damage to my person which may arise, whether directly or indirectly as a result of my participation in the fitness program.

I / We (Parents / Guardians) _____ understand and agree with the above terms.

Signature: _____ Date: _____