

# Woodys Mini Movers

Registration Form



**Course Venue: \*** \_\_\_\_\_

**Day \*** \_\_\_\_\_

**Term: \*** Please tick a box    1.     2.     3.

**Child's Name \***

**Child's School / Nursery \*** \_\_\_\_\_

**School Year Group \***

**Age\***

**Date of Birth \***

**Telephone Number (in case of emergency) \*** \_\_\_\_\_

**Address \*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email \*** \_\_\_\_\_



Relevant Medical  
Information \*

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If session is not during school time all children must be collected at the end of each session, please indicate your intentions by ticking the box of the appropriate statement below:

Tick all that apply \*

- I will collect my child at the end of each session
- I will arrange for my child to be collected at the end of each session, informing WSA in writing who will be the collector.
- Session during school time.
- If you do not wish for your child to be photographed please tick this box.

Payment method:: \_\_\_\_\_ Amount enclosed: £ \_\_\_\_\_

Permission Statement \*

I agree to allow my child to participate in Woody's Mini Movers and certify that my child is in adequate physical health to participate in physical activities of this nature. I hereby release and discharge Woody's Sports Academy from all claims, demands and/or loss suffered from my child as a result of his/her participation in the club.

Print Name: \_\_\_\_\_ Parent/Guardian

Signed: \_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_