



WELCOME TO BOOGIE BOUNCE KIDZ

TO BE COMPLETED & SIGNED BY PARENT/ GURADIAN. PLEASE READ THROUGH THE FOLLOWING INFORMATION CAREFULLY.

WHILST EVERY CARE HAS BEEN TAKEN WITH REGARD TO YOUR CHILDS SAFETY, WE CANNOT ACCEPT ANY RESPONSIBILITY FOR ANY INJURIES SUSTAINED DURING THIS EXERCISE PROGRAMME OR WHILST USING THE BOOGIE BOUNCE EQUIPMENT. IF ANSWERING YES TO ANY OF THE BELOW QUESTIONS YOU MUST CONSULT YOUR GP BEFORE YOUR CHILD TAKES PART.

Question:	YES:	NO:
1. Does your child have a heart condition?		
2. Does your child have chest pain brought on by exercise?		
3. Does your child have asthma?		
4. Does your child tend to lose consciousness and fall over as a result of dizziness?		
5. Has the doctor ever given your child medication because their blood pressure was too high or low? please state		
6. Does your child have a bone or joint problem that could be aggravated by this exercise programme?		
7. Are you aware, through your own experience or from a doctor's advice, any other reason why the named child should not take part in physical activity?		

Full Name of Child.....

Emergency Contact Name.....

Relationship.....

Contact Number.....

Address.....

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Telephone number

Email Address.....

Signature.....

Date.....

Where did you hear about Boogie Bounce (ie: recommendation, local newspaper, exhibition, web site etc)?

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Boogie Bounce Xtreme Ltd undertake that any personal information which you supply will not be divulged to any third party without your written consent.

This document is provided by **Boogie Bounce Xtreme LTD** and is intended as a guide.
It is the instructor's responsibility to ensure any documentation is adequate.

www.boogiebounce.com