



Enrolment Form For PlaySport

ACTIVITY ATTENDING:

Participants Details:

Name: _____ Date of Birth: _____
Address: _____
Telephone/Mobile: _____ Email: _____

Emergency Contact Details:

Name: _____ Relationship: _____
Address: _____
Telephone/Mobile: _____

Medical Information:

Any Relevant Medical Information that might affect the participants ability to participate in the activity such as medical conditions, allergies, special needs, medication being taken etc.
Please note Atlantis Leisure cannot be held responsible for the consequences of non-disclosure of information. Please note any of the above in the space provided below:

PLEASE NOTIFY OUR RECEPTION OF ANY NEW MEDICAL CONDITIONS ASAP

Consent:

If the participant is under the age of 16 a legal parent of guardian must give consent for the child to participate in the activity, subject to the following: the child is medically fit to participate in the activity, the child may receive emergency first aid treatment, emergency medical, surgical, dental treatment as considered necessary by the medical authorities present, and the understanding that if the child's behaviour jeopardises their own safety or the safety of others he/she may be removed from the activity.

Name parent/guardian: _____

Signed: _____

Date: _____

Please note photographs may be taken during activities for marketing purposes. No participants will be identified by name. If you do not want photographs to be used in this way **please tick here:**

I enclose full payment of the class/activity/course booked

£ _____

All correspondence should be sent to Atlantis Leisure, Dalriach Road, Oban, Argyll, PA34 5JE
Telephone: 01631 566800 Fax: 01631 565393 Web: www.atlantisleisure.co.uk

