

# APPLICATION FORM

Child #1

DOB

School

Child #2

DOB

School

Child #3

DOB

School

## Medical conditions/Special attention required:

Child #1

Child #2

Child #3

Parent/guardian name:

Contact number1:

Contact number 2:

Email:

## Parental Consent Required

Yes No

I/We hereby consent to my child receiving first aid treatment, if required, by a staff member of Kids Get Sported.

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I/We hereby give consent to a senior staff member of Kids Get Sported to administer, or help in administering, my child's own medication should he/she be unable to do so for him/herself.

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I/We hereby give permission to a senior staff member of Kids Get Sported to accompany my child in an ambulance in the case of a medical emergency where a parent/guardian is unable to do so or cannot be contacted following reasonable attempts.

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I / We agree to the terms and conditions described in detail on Website.

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Signed:

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