

Get Going Registration Form

Child's details
Child's name:
Date of Birth:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address (including postcode):
GP contact details:
Please note: we will contact your child's GP to inform them of your participation in Get Going.

Parent/carer's details
Title:
Name:
Relationship to child:
Address (if different to child):
Contact telephone number(s):
Email address:

Does your child have any medical conditions / additional support needs?														
Current medication:														
Please detail any other information that you think is important, e.g. child's physical activity likes/dislikes:														
Which days / times are you available to attend Get Going sessions?														
Get Going courses generally take place in Edinburgh Leisure venues. Which of the following would be willing to go to? (please tick all that apply):														
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Ainslie Park</td> <td style="text-align: center;">Craiglockhart</td> <td style="text-align: center;">Drumbrae</td> <td style="text-align: center;">Gracemount</td> <td style="text-align: center;">Jack Kane</td> <td style="text-align: center;">Meadowbank</td> <td style="text-align: center;">Portobello</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Ainslie Park	Craiglockhart	Drumbrae	Gracemount	Jack Kane	Meadowbank	Portobello	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Please turn over

Where did you hear about Get Going?

Child's measurements (please complete if known):

Height (cm or feet)	Weight (kg or stones)

Declaration:	
I declare that to the best of my knowledge there is no reason why my child should not participate in a healthy lifestyle programme. I understand that we take part in any recommended programme entirely at my own risk and waive any legal recourse for damages arising from my participation. I also understand that I am responsible for monitoring my child's responses to exercise and will inform my instructor of any new or unusual symptoms. I will also inform the instructor of any changes in medication as soon as possible.	
The information you provide in this form will be kept confidential and will only be used by authorised staff (NHS Lothian and Edinburgh Leisure) to help you plan and follow your activity programme. We will not share your data with anyone else except in a medical emergency. We may process data for statistical purposes but all data will remain anonymous.	
Parent/Carer's signature:	Date:

Preferred method of contact (please tick): Phone Email Letter

Please return completed form to:

Sarah Dempster
Child Healthy Lifestyle Co-ordinator
Edinburgh Leisure
3 Cultins Road
Edinburgh
EH11 4DF

Tel: 0131 458 2100
email: sarahdempster@edinburghleisure.co.uk

