

XX Parkour - Contact and Medical and Information Form

This form needs to be completed before you or on behalf of your child (if under 18 years of age) before you/they can take part in any classes held at XXX Parkour

Name:

Date of birth:

Email Address:

Postal Address:

Do you (or your child) have any physical disabilities or injuries that may be impacted by participation in this class or that may affect their ability to take part in activities. If so please give details below and advise if they will require any additional support:

Are you (or your child) neurodivergent? If you answer yes, please advise what we can do to support them in this class?

Does your child take part in any other sporting activity or do they have any previous experience of parkour?

Please give details of any allergies or medication used e.g. inhaler, EpiPen:

Any other information you think it is important for us to know:

If you are completing this form on behalf of your child, please give your name, your email address (if different from above) and **your phone number which will be used to contact you in the event of an emergency.**

Name:

Email Address:

Contact Phone Number:

If you are over the age of 18 please give the name and contact phone number of a family member who we can contact in case of emergency:

Name:

Contact Phone Number:

XX Parkour has adopted the Parkour UK Code of Conduct and Safe Sport policies. Please sign to confirm that you and/or your child(ren) have read, understood and agree with the Parkour UK Code of Conduct (a copy can also be found on our website). Please also take the time to read through the other policies on our website

Signature:

Date: