



Juniors

APPLICATION FORM

Name:

Address:

.....

.....

..... Postcode:

Contact Tel No:

AGE..... DOB..... MALE / FEMALE.....

DOES YOUR CHILD HAVE ANY MEDICAL OR PHYSICAL CONDITION WHICH MAY PREVENT THEM FROM PARTICIPATING IN AEROBIC ACTIVITY? **Yes / No**

IF YES PLEASE GIVE DETAILS:

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I PARENT/GUARDIAN OF THE ABOVE CONFIRM THAT THE INFORMATION GIVEN IS CORRECT AND GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN TRAINING WITH GOOLE VIKING STRIDERS JUNIOR SECTION.

Signed:

Print:

Date: