**REGISTRATION FORM**

*Please complete this form and email it back to* [*littlechampsgsy@outlook.com*](mailto:littlechampsgsy@outlook.com) *to secure your space*

|  |  |  |
| --- | --- | --- |
| Child’s name: | Emergency contact name: | |
| Child’s date of birth: | Emergency contact phone: | |
| Age (and school & year if in school): |  | |
| Medical details: | | |
| What is your child’s diagnosis / condition? | | |
| Does your child have a visual impairment? If Yes, please give details of the extent of their condition and if they use braille, have a guide dog, or rely on anything else to help them day to day. Y/N | | |
| Does your child have a hearing impairment? If Yes, please give details of the extent of their condition and if they use on hearing aids, lip-reading, sign language or other. Y/N | | |
| Does your child have communication difficulties? If Yes, please give details below including details of any communication devices they may use. Y/N  PTO… | | |
| Does your child have mobility difficulties? If Yes, please give details below, including the use of any mobility aids. Y/N | | |
| Does your child have sensory difficulties? If Yes, please give details below. Y/N | | |
| Basic sport skills: |  | |
| Is your child able to stand?  Is your child able to sit up?  Is your child able to walk/run?  Can your child jump and land off two feet?  Can your child catch a ball?  Can your child throw a ball?  Can your child hold a racket or bat? | Aided | Unaided |
| Y/N  Y/N  Y/N  Y/N  Y/N  Y/N  Y/N | Y/N  Y/N  Y/N  Y/N  Y/N  Y/N  Y/N |
| Is there anything that causes your child distress or discomfort that may be an issue within these classes? e.g. equipment, noises, lights, visuals, textures etc. If Yes, please give details below. Y/N | | |
| What are your goals for your child – how would you like to see them develop over the course of the sessions? Consider their physical and social development. | | |
| Any other information that you would like to share about your child that isn’t covered above. | | |
| Parental consent |  | |
| I consent to my child taking part in all activities organised by Little Champs as part of the Superstars experience and agree to remain in attendance throughout the duration of the classes.  I give photo/video consent for my child and am happy for images of them to be used for the purposes of marketing/advertising the classes online and in the local media | Signed (parent/carer):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Y/N | |

**Payment:** Return of this form, and payment of£30 will secure your space. Please send payment to:

40-22-25 / 72396408 / Laurel J Le Tocq   
(Ref. your child’s name)

Thank you!