



## Ninjas Enrolment Form

**PLEASE COMPLETE ALL SECTIONS AND RETURN TO THE NINJAS MANAGER.**

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**CHILD'S DETAILS** CLASS \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ email: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

If your child has any brothers or sisters,  
please provide names & ages. \_\_\_\_\_

Religion: \_\_\_\_\_ First Language: \_\_\_\_\_

Ethic origin: \_\_\_\_\_

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**DETAILS OF PARENTS / CARERS:**

Primary Carer

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Second Contact

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

**EMERGENCY CONTACTS – THIS SHOULD BE DIFFERENT TO PRIMARY CARER AND SECOND CONTACT**

This is very important should we need to contact you. For example, if your child becomes ill, for collection of your child, or in any other emergency situation.

NAME	RELATIONSHIP TO CHILD	COLLECTION PASSWORD	TELEPHONE NUMBER

**PLEASE TURN OVER**

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**MEDICAL DETAILS**

Name of Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Are there any medical conditions that we need to be aware of? YES / NO If yes, give details:

Does your child have any allergies? YES/NO

If yes, give details: \_\_\_\_\_

Dietary requirement: \_\_\_\_\_

Consent to use plasters on your child? YES/NO

Consent for non-prescribed drugs

Calpol YES/NO Nurofen YES/NO

**PHOTOGRAPHS**

Do you give permission for your child to be photographed during activities? YES / NO

**Parental Consent**

Consent for applying sun cream YES / NO

I have read, acknowledge and agree to the Terms & Conditions for Ninjas after academy club.

Signed: ..... (Parent/Carer) Date: .....

Print Name: ..... (Parent/Carer)