

PERSONAL DETAILS (C)



Childs Name:	
School Attended:	
Home address:	
E-mail address:	
Age:	D.O.B:
Names of Parents / Guardian:	
Home Number:	
Mobile Number:	
Medical Info:	
Name & Number of another person authorised to collect your child. This person may be contacted if we can't get in contact with you.	
Doctor's name:	
Surgery number:	
Additional information:	
<p align="center">GDPR Act 2018</p> <p>KINNERZ COACHING processes personal data in compliance with the new GDPR Act 2018. KINNERZ COACHING will not pass your details onto anyone else without your consent. This form shall be privately and safely stored to ensure full protection of your details. The details given in this form are for emergency/contact use by KINNERZ COACHING only.</p>	
I consent for photos to be taken by KINNERZ COACHING (photos are taken for social media purposes, with no names used)	Yes <input type="checkbox"/> No <input type="checkbox"/>
By ticking this box, I opt IN to recieve KC parent mail	Sign me up please <input type="checkbox"/>

Signed:

Date:

PERSONAL DETAILS (C)



Childs Name:	
School Attended:	
Home address:	
E-mail address:	
Age:	D.O.B:
Names of Parents / Guardian:	
Home Number:	
Mobile Number:	
Medical Info:	
Name & Number of another person authorised to collect your child. This person may be contacted if we can't get in contact with you.	
Doctor's name:	
Surgery number:	
Additional information:	
<p align="center">GDPR Act 2018</p> <p>KINNERZ COACHING processes personal data in compliance with the new GDPR Act 2018. KINNERZ COACHING will not pass your details onto anyone else without your consent. This form shall be privately and safely stored to ensure full protection of your details. The details given in this form are for emergency/contact use by KINNERZ COACHING only.</p>	
I consent for photos to be taken by KINNERZ COACHING (photos are taken for social media purposes, with no names used)	Yes <input type="checkbox"/> No <input type="checkbox"/>
By ticking this box, I opt IN to recieve KC parent mail	Sign me up please <input type="checkbox"/>

Signed:

Date: