

PERSONAL INFORMATION

Today's Date: Full Name:

Date of Birth: Gender: M F Ethnicity:

Phone: Mobile:

Address:

Postcode:

Email:

EMERGENCY CONTACT

Name: Relationship:

Mobile: Email:

MEDICAL INFORMATION

GP's Name: GP's Phone:

GP's Address:

ADDITIONAL INFORMATION

How did you hear about Circo Kernow Circus School?

Friend Website Radio Facebook

A Show An Event Email Other

What made you want to train with Circo Kernow?

Improve Physical Fitness Gain Accredited Qualification Make Friends

Learn New Skills Help get a job Gain Confidence

What is your highest level of completed education?

Certificate / Award / Skills for Life BTEC Diploma / NVQ L1 GCSE / NVQ L2

A Levels / NVQ L3 Vocational Course Home-School

Further Education College Other (please give details)

- I consent to Swamp Circus using my personal information on the understanding it will not be shared with outside agencies
- I agree to photos being taken and used for external promotion

MEDICAL HISTORY (to be completed by parent/guardian if required)

Are you or have you ever in your life suffered from any form of:	please circle	
Heart Disease (including high Blood Pressure)	Y	N
Gastrointestinal disease	Y	N
Epilepsy	Y	N
Skin Disease	Y	N
Hay Fever	Y	N
Allergies	Y	N
Mental Illness (including but not limited to anxiety, depression, bipolar, addiction)	Y	N
Ear disease (including deafness)	Y	N
Have you had any operations?	Y	N
Have you sustained any serious injuries or fractures?	Y	N
Disease of the lungs	Y	N
Disease of the nervous system	Y	N
Diabetes	Y	N
Asthma	Y	N
Eye Disease	Y	N
Musculoskeletal Problems (including back problems, repetitive strain injury, arthritis etc.)	Y	N
Eating Disorders (including anorexia and bulimia)	Y	N
An occupational disease	Y	N

If you have answered yes to any of these questions please give full details below:

Have you ever been on any form of medication in the last six months? Y N
 Please give details below:

name of student

signature

date