



Autumn 2024 Children's Course Program

Further Information

- All courses must be booked in advance for the duration of the programme
- Course fees will not be refunded unless the course is cancelled or rescheduled
- All children must be accompanied to their activity by an adult. No child should be in the facility without adult supervision outside activity time. **Adult must be present at activity if child is under 7.**
- Queen's Sport aim to accommodate all applications although places will be allocated on a first come, first served basis. Places can not be reserved
- Enrolment can only be made in person at Queen's Sport reception. Telephone and email bookings will not be accepted
- Enrolments will only be confirmed upon receipt of payment and a completed enrolment form
- Queen's Sport Instructors are chosen to deliver the best activity programme. Instructors may be subject to change
- Whilst every effort has been made to ensure the accuracy of the programme, courses may be subject to change after publication
- Please feel free to ask any instructor questions or offer feedback directly. If you do not wish to give feedback directly, please complete a customer comment card, available at reception
- Enrolment is now open for all courses

Data Protection

The information collected on this form is used by Queen's University Belfast in its provision of sport & recreation. This information will be kept for six years after your course has ended. Financial information relating to your course will also be kept for six years in accordance with regulations.

Internal Communications

Queen's Sport would like to keep you up to date with future courses and programmes. Full details of how we use your data and our Privacy Policy can be found online at www.queenssport.com or upon request.

If you wish to receive up to date information please tick this box:

Participating Parent/ Guardian Health Questionnaire. *For Parent & Teen Circuits only*

There are many benefits to be gained when you exercise regularly. This questionnaire aims to identify your health status so that we can provide advice and avoid risk of injury or illness.

Please read the questions carefully and provide a correct answer. Where necessary please provide additional information.

Participating Adult Questionnaire	Yes	No
Has a doctor ever diagnosed you with a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has you recently had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving treatment or medication for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you broken any bones in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any bone or joint problems which exercise may aggravate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from chronic asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic? If yes, is the diabetes type 1 or type 2? If applicable, please note the type below	<input type="checkbox"/>	<input type="checkbox"/>
Has you undergone any recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason which has not been mentioned that may affect you taking part in physical activities?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Participating Adult Declaration

I confirm that the above answers are correct to the best of my knowledge and belief. I agree that my child will abide by the rule of Queen's Sport and follow instructions of staff at all times.

Signature

Date

Child's Details

Name:

Date of Birth: / / Age:

Parent / Guardian Details

Membership No:

Title:

Surname:

First Name:

Address:

Postcode:

Phone No:

E-mail:

Payment

Member / Student

Non Member

KinderGym	£49	<input type="checkbox"/>	KinderGym	£59.50	<input type="checkbox"/>
Gymnastics	£112	<input type="checkbox"/>	Gymnastics	£133	<input type="checkbox"/>
Parent & Teen Circuits	£72	<input type="checkbox"/>	Parent & Teen Circuits	£88	<input type="checkbox"/>
Taekwondo	£63	<input type="checkbox"/>	Taekwondo	£76.50	<input type="checkbox"/>
Baby Ballet	£84.50	<input type="checkbox"/>	Baby Ballet	£104	<input type="checkbox"/>
Contemporary Dance	£84.50	<input type="checkbox"/>	Contemporary Dance	£104	<input type="checkbox"/>
Climbing	£60	<input type="checkbox"/>	Climbing	£66	<input type="checkbox"/>

Total Payment £

Course	Day	Start Date	Age Group	No. of weeks	Time	Please Tick
KinderGYM Term 1	Wed	11.09.24	3-5	7	15.45— 16.30	
KinderGYM Term 2	Wed	06.11.24	3-5	7	15.45— 16.30	
Gymnastics Juniors	Wed	11.09.24	5-7	14	16.30- 17.30	
Gymnastics Seniors	Wed	11.09.24	8-12	14	17.30- 18.30	
Parent & Teen / Pre Teen Circuits	Thurs	26.08.24	11-16	8	1830 - 1915	
Olympic Handball	Fri	27.09.24	10-14	6	17.00- 18.00	
Taekwondo Juniors	Sat	05.10.24	5-8	9	10.00- 11.00	
Taekwondo Seniors	Sat	05.10.24	8-17	9	11.00- 12.30	
Baby Ballet Beginners 1	Sat	14.09.24	2-4	13	10.30- 11.30	
Baby Ballet Improvers	Sat	14.09.24	3-5	13	1145 -1245	
Baby Ballet Beginner 2	Sat	14.09.24	2-4	13	1300 -1400	
Baby Ballet Pre-Primary	Sun	15.09.24	4-7	13	1200 -1300	
Contemporary Dance	Sun	15.09.24	4-8	13	1100 -1200	
Climbing P2-P4 Term 1	Sat	21.09.24	Primary 2-4	6	1030 -1200	
Climbing P5-P7 Term 1	Sat	21.09.24	Primary 5-7	6	1200 -1330	
Climbing YR8-YR10 Term 1	Sat	21.09.24	Secondary 8 -10	6	1400 -1530	
Climbing YR11+ Term 1	Sat	21.09.24	Secondary 11+	6	1530 -1700	
Climbing P2-P4 Term 2	Sat	09.11.24	Primary 2-4	6	1030 -1200	
Climbing P5-P7 Term 2	Sat	09.11.24	Primary 5-7	6	1200 -1330	
Climbing YR8-YR10 Term 2	Sat	09.11.24	Secondary 8 -10	6	1400 -1530	
Climbing YR11+ Term 2	Sat	09.11.24	Secondary 11+	6	1530 -1700	

Teen/ Child Health Questionnaire

There are many benefits to be gained when children and young people exercise regularly. This questionnaire aims to identify your child's health status so that we can provide advice and avoid risk of injury or illness.

Please read the questions carefully and provide a correct answer. Where necessary please provide additional information.

Child/Teen Questionnaire	Yes	No
Has a doctor ever diagnosed your child with a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child recently had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child ever feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently receiving treatment or medication for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child broken any bones in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from any bone or joint problems which exercise may aggravate?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from chronic asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child diabetic? If yes, is the diabetes type 1 or type 2? If applicable, please note the type below	<input type="checkbox"/>	<input type="checkbox"/>
Has your child undergone any recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason which has not been mentioned that may affect your child taking part in physical activities?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Parent / Guardian Declaration

I confirm that the above answers are correct to the best of my knowledge and belief. I agree that my child will abide by the rule of Queen's Sport and follow instructions of staff at all times.

Signature

Date