



Summer 2024 Children's Course Programme

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:

Child's Details

Name:

Date of Birth: / / Age:

Parent / Guardian Details

Membership No:

Title:

Surname:

First Name:

Address:

.....

.....

Postcode:

Home No:

Mobile No:

E-mail:

Payment

Member / Student

Non Member

Parent & Teen Circuits £38 Parent & Teen Circuits £44

Dance Camp £60 Dance Camp £72

Total Payment £

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

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

Course	Day	Start Date	Age Group	No. of weeks	Time	Please Tick
Parent & Teen / Pre Teen Circuits	Thurs	08.08.24	11-16	4	1830 - 1915	<input type="checkbox"/>
Dance Camp	Mon - Thurs	19.08.24	14 - 17	1	09.30 - 11.45	<input type="checkbox"/>