

**FUSION LIFESTYLE
Leisure Card Registration Form**

Centre: Loughborough, South Charnwood & Soar Valley

Full Name:	Support worker:
Telephone Number:	Agency:
Date of Birth:	Email Address:
Age:	
Address:	
Gender:	Ethnicity:

Who should be contacted in case of emergency?

Name:	Address:	Telephone Number:
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HEALTH OF Participant

Do you have any health problems, disabilities, allergies, prescribed medicines, special needs or recent illnesses that the Leisure Centre and staff should be aware of?

Details:

Do you authorise the qualified First Aider in the event of you

1). Suffering a minor cut or abrasion to apply self-adhesive Medical (plaster) to the wound?

YES/NO*

2). Administer emergency First Aid? **YES/NO***

3) Call an Ambulance? **YES/NO***

Young Person:.....

Signed:.....

Date:.....

Support Worker:.....

Signed:.....

Date:.....