



January 2015

Note from Matt:

Dear Parents/ Guardians

I have outlined below a few key points below.

Whilst I am sure that we will have no issues, I just want to make sure the children, the coaches and you as devoted parents/ guardians know exactly how this will run.

It seems very official but I want to run this with 100% given at every opportunity so this is to enable this academy to run as I as I am sure you as a parent/ guardian would want it too as well.

Success is created in an environment and I am very much looking forward to creating this environment for your child.

I am very much looking forward to being part of this success.

Sessions will start at 5:10pm On Friday 23rd January 2015 and for 10 weeks consecutively, with the last session being on the 27th March.

The total investment is £100 for the 10 week programme.

BACS

Blast Fitness Camps Ltd

Account Number : 68619278,

Sort Code: 53 61 44,

Natwest Launceston,

Payment ref: surnameBGFA

Matt Luxton, Blast Fitness Camps , Yeat Farm , Lifton , Devon , PL16 0EB.

info@fa-fitness.co.uk

07841136302

Directions To Studio

Coming into Lifton from Launceston direction, you will go through Liftondown, continue straight, you will go past Lifton Strawberry Fields on your left.

You will then come to three big attached cottages. Turn immediately left towards 'YEAT' . Continue up this road for 1/2 a mile and our studio is a converted barn on the road.

Ideally park on the left hand side 50 yards back from the studio so that people can still get in and out of the studio entrance. Torches might be needed at this time of year!

What To Bring

We have a strict no outdoor trainers in the studio policy. This is helping us keep the studio clean and fresh for each group that trains, so please wear different shoes to the hall way and change when you get here.

Otherwise Shorts, T shirt, Hoody/jumper, water bottle indoor trainers

Matt 😊

Terms and Conditions

1. reserves the **right to refuse admission** to any one person or persons to Blast Girls Fitness Academy (BGFA) if it is deemed unsafe for the participant or other participants.
2. **No refunds** will be given for sessions missed due to any reason and sessions are not transferrable to any future club or to any other child.
3. Blast Fitness Camps Ltd operates a **no nonsense** approach to ill discipline. In the view of its staff, if the behaviour is deemed to put others safety and well being, the child will be asked to leave the Academy. Poor discipline will not be tolerated in the interests of the child, fellow members and staff.
4. Children will be issued with a **three strike rule** with regards to unacceptable behaviour.
 - I. On the first strike the child will be asked to sit out (I am sure this will never be a problem) until the issue has been resolved between the child and the coach.
 - II. The parents/guardian will be informed of the problems experienced
 - III. The child will be excluded from any further BGFA sessions and no refund will be given.
5. Blast Fitness Camps operates within a professional schedule, which requires **prompt time keeping**. Therefore parents/guardians are asked to arrive 5 minutes prior to the start to allow time for a pre session briefing. Like wise the child's parent/ guardian should be in attendance at the conclusion of the session.
6. Every child must bring their own water bottle with water or chosen soft drink in it. No Fizzy drinks. Any food needed, especially for those with specific dietary needs, must be packed in child's bag.
7. By signing the PAR Q form, parents / guardians give permission for their child to be taken to A & E if the injury is deemed serious enough if the parents/guardians in question are not contactable.
8. Any specific medical aids required by the child be labelled appropriately and stored safely whilst not being used. Inhalers and such items must be clearly labelled and parent/guardians should ensure proper administration. If you feel that your child's medical condition is likely to cause the child to suffer during the session, you are asked to be present throughout the entire duration of the session.

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Participants NAME.....

Parents/Guardian NAME.....

Parents/Guardian SIGNATURE.....

DATE:.....

CHILD'S NAME:

PARENTS/GUARDIANS NAME:

ADDRESS:

CHILD'S DATE OF BIRTH: CURRENT AGE:

EMERGENCY CONTACT NUMBERS:

HOME: NAME & RELATIONSHIP TO CHILD:

MOBILE/WORK: NAME & RELATIONSHIP TO CHILD

HEALTH QUESTIONS

Please circle

Does your child have, or ever experienced the following?

High or low blood pressure	yes	no
Elevated blood cholesterol	yes	no
Diabetes	yes	no
Chest pains brought on by physical exertion	yes	no
Childhood epilepsy	yes	no
Dizziness or fainting	yes	no
A bone, joint or muscular problem or arthritis	yes	no
Asthma or other respiratory problems	yes	no
Any prolonged injuries or illnesses	yes	no
Any allergies	yes	no
Is your child taking any medication	yes	no
Has your doctor ever advised your child not to exercise	yes	no
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child	yes	no

If you have answered YES to any of the above questions, please write full details here, including any special dietary needs:

Parent signature:

Date:

In signing this form, I the parent/ Guardian of the afore mentioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. This signature also acknowledges that I the parent/ Guardian of the afore mentioned child have read and accepted the terms and conditions set out by Blast Fitness in relation to The Junior Strength Academy.