

E.I.G.H.T.

EARNEST INSTITUTE FOR THE GIFTED HYPERACTIVE & TALENTED

Name

First Name

Last Name

**Earnest Institute for the Gifted Hyperactive & Talented E.I.G.H.T.
Registration Form**

Childs Name

First Name

Last Name

Age

Parent/Guardians Name

First Name

Last Name

Phone Number *

Area Code

876-948-7737

Address

Street Address

Street Address Line 2

Numbers to Ring Incase of Emergency & Relationship to the Child.

Contact Name

First Name Last Name

Relationship To Child

Phone Number

Area Code Phone Number

Contact Name

First Name Last Name

Relationship To Child

Email

example@example.com

Phone Number

Area Code Phone Number

Password if someone else is picking up the child.

Does your child have any known emotional or behavioural problems?

If Yes, Please state

in brief what and discuss this with your E.I.G.H.T. Team

Please give brief detail

Does your child have Epilepsy ? If Yes, please advise coach as breathing exercises may trigger a seizure

Does your child have severe allergies/anaphylaxis. If your child requires an epi-pen, please make sure you are in the building.

Does your child have Asthma ? If Yes, please advise coach & ensure they bring their inhaler

Is your child taking any medication, if Yes please give details

Please give detail

Please complete the following to the best of your knowledge and discuss any specific concerns you have with me and together we can support your child.

Type a question

Excellent Good Ok Needs some extra support Needs lots of extra support

Ability to be calm and peaceful at times.

Ability to deal with anxiety and stress.

Ability to express their feelings.

Self-esteem and self-confidence.

Ability to cope with feelings of Anger

Ability to openly show care and concern for themselves and others

Attention span.

Ability to listen

Sleep pattern.

How did you hear about E.I.G.H.T.?

E.I.G.H.T. Physical Education Classes include movement, stretches, visualisation and breathing exercises . Do you consent to your child being involved.

I individually as a parent/guardian of the child identified above hereby agree to the following:

Parent's Responsibilities: E.I.G.H.T. takes all reasonable care to ensure that its programmes are fun and safe. However, I understand that during physical education my child will be engaging in a moderate amount of physical activity that may involve some risk of injury. I acknowledge I have been advised to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation in the E.I.G.H.T. programme. In the event of emergency and in my absence I agree to the E.I.G.H.T. team contacting the Duty Medical personnel and or Emergency Services. I agree that all medical charges for medical, ambulance and emergency care will be my responsibility.

My child's protection.

I confirm that I have fully disclosed to E.I.G.H.T. Team/ the nurse any and all conditions (whether physical, mental or behavioural or otherwise that my child has or may have before my child participates in the classes.

As far as is permitted under Local Law, I assume the above risks and accept responsibility for any injury sustained by my child. I further discharge and hold harmless E.I.G.H.T. including its owners, officers & personnel including its teachers and its suppliers) from any liability arising from any injury to my child or other persons or property caused by my child's participation in the E.I.G.H.T. programme if that injury is caused either by my or my child's fault; or by a third party unconnected with E.I.G.H.T. The provision of services; or by events with E.I.G.H.T., its owners, officers & personnel including its staff and supplier, could not have foreseen or prevented even if they had taken reasonable care.

Refund Classes: Prorated refunds will be given if cancellation is made in writing before the second attended class of the semester. I understand and agree that I will not receive any refund or credit for missed classes, but if cancellation of a class/semester is due to failure on the part of E.I.G.H.T. I will be entitled to a reasonable refund of the charge for that class/semester. After assessment classes it may be apparent to the E.I.G.H.T. Team that the classes are not helpful for a child at this stage. In this instance we will provide

intervention and or request that the child is removed from the class and the balance will be refunded.