 

Welcome to Jumpin

**SWIS JUMPIN CONSENT FORM**

Dear Parent/Guardian

Your child’s class will be taking part in a **JUMP IN session** When:- **Sunday 21st July 2019** ( 9.30-11.30 a.m. )

**Venue Address**: 550 Dundee Rd, Slough SL1 4LE **Cost**:- £8 (inc: socks & refreshments )

Please complete the form below in order for your child to participate in this activity

I Mr/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my son/daughter

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's aged \_\_\_\_\_years

Member of SWIS: Yes / No

Parent/Guardian Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Your child will need to wear their **comfortable casual clothing (. jogging bottoms & t-shirts).**

Please email this form to **info@swis.org.uk** or (contact 07709-133-911 )