

# feetbeats



## Contact Details Form

**Child's Name:** .....

**Date of Birth:** .....

**Next of Kin:** .....

**Address:** .....

**Home Telephone Number:** .....

**Mobile Telephone Number:** .....

**Email Address:** .....

**Any medical issues I need to be aware of:** .....

**I have read and agreed to the Terms and Conditions:**

**Signed:**