



# Winter 2026 Term 2 Children's Course Program



## Further Information

- All courses must be booked in advance for the duration of the programme
- Course fees will not be refunded unless the course is cancelled or rescheduled
- All children must be accompanied to their activity by an adult. No child should be in the facility without adult supervision outside activity time. **Adult must be present at activity if child is under 7.**
- Queen's Sport aim to accommodate all applications although places will be allocated on a first come, first served basis. Places can not be reserved
- Enrolment can only be made in person at Queen's Sport reception. Telephone and email bookings will not be accepted
- Enrolments will only be confirmed upon receipt of payment and a completed enrolment form
- Queen's Sport Instructors are chosen to deliver the best activity programme. Instructors may be subject to change
- Whilst every effort has been made to ensure the accuracy of the programme, courses may be subject to change after publication
- Please feel free to ask any instructor questions or offer feedback directly. If you do not wish to give feedback directly, please complete a customer comment card, available at reception
- Enrolment is now open for all courses

### Data Protection

The information collected on this form is used by Queen's University Belfast in its provision of sport & recreation. This information will be kept for six years after your course has ended. Financial information relating to your course will also be kept for six years in accordance with regulations.

### Internal Communications

Queen's Sport would like to keep you up to date with future courses and programmes. Full details of how we use your data and our Privacy Policy can be found online at [www.queenssport.com](http://www.queenssport.com) or upon request.

If you wish to receive up to date information please tick this box:

☐

## Child's Details

Name: .....

Date of Birth: ..... / ..... / ..... Age: .....

## Parent / Guardian Details

Membership No: .....

Title: .....

Surname: .....

First Name: .....

Address: .....

.....

.....

Postcode: .....

Phone No: .....

E-mail: .....

## Payment

### Member / Student

### Non Member

KinderGym £42 ☐ KinderGym £51 ☐

Gymnastics £48 ☐ Gymnastics £57 ☐

Olympic Handball £48 ☐ Olympic Handball £57 ☐

Climbing. Ages 5-9 £42 ☐ Climbing. Ages 5-9 £51 ☐

Climbing Ages 10+ £60 ☐ Climbing Ages 10+ £66 ☐

**Total Payment £** .....

Course	Day	Start Date	Age Group	No. of weeks	Time	Please Tick
KinderGYM	Wed	18.02.26	3-5	4	15.45—16.30	
Gymnastics Juniors	Wed	18.02.26	5-7	4	16.30-17.30	
Gymnastics Seniors	Wed	14.01.26	8-12	4	17.30-18.30	
Olympic Handball	Fri	06.03.26	8-14	6	17.00-18.00	
Climbing Ages 5-7	Sat	21.02.26	5-7	6	915-1015	
Climbing Ages 8-9	Sat	21.02.26	8-9	6	1015-1115	
Climbing Ages 10-11	Sat	21.02.26	10-11	6	1130-1300	
Climbing Ages 12-14	Sat	21.02.26	12-14	6	1330-1500	
Climbing Ages 15-17	Sat	21.02.26	15-17	6	1500-1630	

## Teen/ Child Health Questionnaire

There are many benefits to be gained when children and young people exercise regularly. This questionnaire aims to identify your child's health status so that we can provide advice and avoid risk of injury or illness.

Please read the questions carefully and provide a correct answer. Where necessary please provide additional information.

Child/Teen Questionnaire	Yes	No
Has a doctor ever diagnosed your child with a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child recently had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child ever feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently receiving treatment or medication for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child broken any bones in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from any bone or joint problems which exercise may aggravate?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child suffer from chronic asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child diabetic? If yes, is the diabetes type 1 or type 2? If applicable, please note the type below	<input type="checkbox"/>	<input type="checkbox"/>
Has your child undergone any recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason which has not been mentioned that may affect your child taking part in physical activities?	<input type="checkbox"/>	<input type="checkbox"/>

### Additional Information

### Parent / Guardian Declaration

I confirm that the above answers are correct to the best of my knowledge and belief. I agree that my child will abide by the rule of Queen's Sport and follow instructions of staff at all times.

Signature

Date