



REGISTRATION FORM

Details about your Child

Child's Full Name: _____ D.O.B : _____ Age: _____

Childs Gender: _____ (Male/Female)

Childs School: _____ Class: _____ Year: _____

Address: _____

_____ Post Code: _____

Name of Parent/Carer/Guardian: _____

Address: _____

Mobile No: _____ WorkNo: _____

Email Address: _____

Who has legal responsibility for this child? _____

Emergency Contacts - Must be different from above

Contact No. 1: _____ Relationship _____

Address: _____

Mobile No.: _____ Work No _____

Contact No. 2: _____ Relationship _____

Address _____

Mobile No _____ Work No _____

I give the following people permission to collect my child (Must be over 16 years old)

Secret Password _____



Main language spoken at home _____

Any other relevant information _____

Medical Information

Doctors Name: _____

Surgery address : _____

Surgery phone number _____

Allergies/medical conditions: _____

Specific Dietary Requirements/likes/dislikes: _____

Medication (please list any medication your child takes regularly and the dosage) _____

If your child has learning difficulties/disabilities or requires extra assistance please list here _____

Any other relevant information we may need to be aware of: _____

Religion

- Christian
- Muslim
- Buddhist
- Jewish
- Sikh
- Hindu
- None
- Prefer not to say
- Others - Please state



Consent for using images of children at -

From time to time we may take photographs of the children, we may use these images on our website or printed publicity. We may also make video or DVD recordings for use within the club or for monitoring purposes. Photographs or videos may also be taken by representatives from the media or local newspaper. To ensure we comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child.

I give _____ consent to use images

Yes

No

Consent for Medical Advice or Treatment at -

I give _____ consent to seek any necessary medical advice or treatment in the future.

Yes

No

I give _____ permission to apply plasters if needed

Yes

No

Consent for Outings at -

I give permission for my child to take part in local outings i.e, local park

Yes

No

I give _____ permission to apply sun cream as necessary. Please provide sun hat during the hot weather



Declaration

I have read, and I fully comply with the Terms and Conditions above for _____

Print and Sign
Parent 1 / Carer
Date

Print and Sign
Parent 2 / Carer
Date

Please refer the [centre's](#) handbook for more information. Thank you

