



## Registration form

### Childs details:

Childs name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Gender: Male/Female

Name of person with Legal Parental responsibility: \_\_\_\_\_

### Emergency contact details: (Two required)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Daytime number: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person have parental and legal responsibility for this child? Yes / No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Daytime number: \_\_\_\_\_

Does this person have parental and legal responsibility for this child? Yes / No

**Medical History:**

Doctor's name: \_\_\_\_\_

Doctors telephone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Phobias: \_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Is there any treatment required: Yes/No

If yes, please state: \_\_\_\_\_

Any dietary needs: \_\_\_\_\_

**Ethnicity:**

Ethnic group: \_\_\_\_\_

Religion/faith: \_\_\_\_\_

Home language: \_\_\_\_\_

**Children's Interests and Hobbies:**

\_\_\_\_\_  
\_\_\_\_\_

**Parental permission:**

I/we give permission to staff for the following:

	Yes	No
My child's photograph being taken for displays within the club setting		
Staff to apply face painting if it is part of a planned activity in the club		
Staff to apply plasters in the event of an accident/injury if needed		
Staff to apply sun cream if needed		
Staff to seek emergency medical help in the event of an accident/injury		

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_