



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: ____ / ____ / ____