

Registration Form



Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	School attended: First language:	Name of key person:

Parent/Guardian details:

Title:	First Name:	Surname:	Title:	First Name:	Surname:
Home Address:			Home Address: (if different)		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details in the additional information box overleaf.)</i>					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone Number:	Home Number:
Address:		Relationship to child:
Name:	Telephone Number:	Home Number:
Address:		Relationship to child:

Child's Doctor



Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs, allergies or medical conditions your child has (please provide full details)
Please detail any dietary requirements/food allergies for your child (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Consent

I consent to the carer administering prescribed medicine to my child. Yes/No
I consent to my child receiving medical treatment in an emergency. Yes/No
I consent to my child having photographs for club purposes only. Yes/No

I certify that to the best of my knowledge all the information I have given is correct.

Parent's signature _____ Date _____

Additional Information
