



# REGISTRATION FORM

## Details about your Child

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

D.O.B : \_\_\_\_\_

Childs Gender: \_\_\_\_\_ (Male/Female)

Birth Certificate No: \_\_\_\_\_

## Who has Parental / Guardianship responsibility?

Name 1 : \_\_\_\_\_ Relationship \_\_\_\_\_

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

Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Mobile No: \_\_\_\_\_ WorkNo: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are there any other contact restrictions?  Yes  No

Details \_\_\_\_\_

## Other Emergency Contacts - Must be different from above

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

Contact Number: \_\_\_\_\_

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





Contact Number: \_\_\_\_\_

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

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### 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

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### 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

