

REGISTRATION FORM.

CHILDS NAME

ADDRESS

DATE OF BIRTH

PARENTS/GUARDIANS NAME/S

PHONE NUMBERS. Dayevening.....
Mobile

EMERGENCY CONTACT(NOT PARENT)

NAME

Tel No

DOCTORS NAME & NUMBER.....

Does your child have any additional medical needs?

.....

Does your child have any additional requirements that it is helpful to know about?.....

I consent to any emergency treatment necessary during the running of the club. I authorise the manager to sign a written form of consent required by the hospital authorities if the delay in getting my signature is considered, by the doctor, to endanger my child's health and safety.

YES

NO

Please ensure that you have read, understood and are willing to comply with the clubs policies and procedures.

SignedDate.....

CONSENT FORM.

NAME OF CHILD.....

I consent to my child to be taken on visits and outings off the premises as part of our club programme.

YES

NO

I give permission for my child to use the school field under supervision

YES

NO

We take photographs to use in displays, information booklets, promoting the club etc. I give permission for my child to be photographed.

YES

NO

Signature Date.....