

HOLIDAY CLUB REGISTRATION FORM



Child's First Name

Child's Surname

Male Female

Date of Birth

Address

Post Code

Email (Parent/Guardian)

Tel: (Inc STD code)

Mobile (Parent/Guardian)

School

School Year

Emergency contact Name

Tel No.

The child may be collected by:

Please tick if your child can go home unaccompanied at the end of each session.

GP's Name

GP's Tel No.

Any known allergies or health problems -

Parental Consent

I confirm that the above details are correct and complete to the best of my knowledge. In the event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I can't be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of Parent or Guardian Mr/ Mrs

Name of Parent or Guardian

My child is under 12 and I do not wish their photo/video to be used for our Publicity.

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