HOLIDAY CLUB REGISTRATION FORM

Child's First Name	
Child's Surmame	GP's Name
Male Female	GP's Tel No.
Date of Birth	Any known allergies or health problems -
Address	
Post Code	
Email (Parent/Guardian)	
Tel: (Inc STD code)	Parental Consent
Mobile (Parent/Guardian)	I confirm that the above details are correct and complete to the best of my knowledge.
School	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
School Year	receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
Emergency contact Name	
	Signature of Parent or Guardian Mr/ Mrs
Tel No.	Name of Parent or Guardian
The child may be collected by:	
	My child is under 12 and I do not wish their photo/video to be used for our Publicity.
Please tick if your child can go home unaccompanied at the end of each session.	

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School Year	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
School Year Emergency contact Name	by the hominated first-alder. 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.
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Emergency contact Name Tel No.	receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
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