



Registration Form

Child's Details

Name	Current year group	Date of Birth
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Parent/Carer Details

Name	Name
<u>Home Address</u>	<u>Home Address</u>
Telephone:	Telephone:
<u>Work Address</u>	<u>Work Address</u>
Telephone:	Telephone:
Mobile Number:	Mobile Number
Email Address	Email Address

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Details of Child's Doctor

Name of Doctor	
Address of Surgery	Telephone Number

About Your Child

Please detail any additional/special needs:
Please detail any medical needs including details of any medication:
Please detail any allergies:
Please detail any dietary requirements:
Any additional information:

I confirm that the information given on this form is correct and I agree to notify the club of any changes in detail.

Signed: _____ Parent/Carer Date: _____

Please print name: _____