

Kidz Club

Registration form

Name:

Address:

.....

Age: Birthday:

Emergency Contacts

Name:

Name:

Address:

Address:

.....

.....

Tel no:

Tel no:

Medical Information

Are there any medical conditions or allergies we need to be aware of? Yes / No

If yes please give details

.....

Do you consent to your child receiving first aid in the event of an emergency? Yes / No
(There will be a qualified First Aider on duty each week)

Publicity Photographs

We may for publicity reasons take photos at the club. Do you consent to your child being in photos for such a purpose? Yes / No

Please sign to confirm your permission for your child to attend.

Sign: Date:.....

(Signature of parent or person with legal responsibility for child)