



# Registration Form

25-28 August 2009

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year in September 09: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Telephone Nos: 1: \_\_\_\_\_  
(Please provide 2)

2: \_\_\_\_\_

Child will be collected by: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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Would you be happy for photographs to be taken of your child during the Holiday Club for publicity for the club?

YES	NO
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**Medical Information:**

Does your child suffer from any illnesses, disability or condition that may be affected by this activity?

YES	NO
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If YES, please specify: \_\_\_\_\_

Does your child require any medication?

(Please note that we are not able to administer medicines)

YES	NO
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If YES, please specify: \_\_\_\_\_

Does your child suffer from any allergies? (e.g. food, wasp sting, latex, peanut)

(We will be providing biscuits and drink mid-morning)

YES	NO
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If YES, please specify: \_\_\_\_\_

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I give permission for my child to be given basic first aid in the event of accident.

Signed: \_\_\_\_\_ (Parent / Guardian) Date: \_\_\_\_\_

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HOLIDAY CLUB USE ONLY

Group Assigned to: \_\_\_\_\_