

# Registration Form



**August 1<sup>st</sup> – 5<sup>th</sup> - Wesley Place Methodist Church (10:00am – 12:00pm)**

Childs Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

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

\_\_\_\_\_

Tel No: \_\_\_\_\_ Mob No: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Emergency Contact Details

Doctors Details (Name/Surgery/ Tel No):

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical or special needs?(details) \_\_\_\_\_

\_\_\_\_\_

**Consent:** (Please **tick** the boxes if you give consent for these questions)

Do you give staff permission to take photographs of your child taking part in activities that may be use publicly e.g the website? (only group shots will be taken)

Do you give consent to your child receiving medical treatment if the appointed first aider or a doctor deems it necessary as a matter of urgency and you cannot be contacted after reasonable attempts to do?

Does your child have any food allergies?  If yes, please explain further; \_\_\_\_\_

\_\_\_\_\_

All the details from this form will be stored in a password secure database. The only reason we will hold your details is to contact you about future events, tick the box if you are happy with this.  If that is the case, what would be your preferred form of contact? \_\_\_\_\_

Name (parent/guardian): \_\_\_\_\_

Signature (parent/guardian): \_\_\_\_\_

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

Date: \_\_\_\_\_