

**Child's Details**
**Date of Registration:**

|                |                 |
|----------------|-----------------|
| First name:    | Surname:        |
| Date of birth: | First language: |

**Parent/Guardian details**

|   |                |              |   |                |              |
|---|----------------|--------------|---|----------------|--------------|
| Title:  | First name:    | Surname      | Title:  | First name:    | Surname      |
| Home address:   |                |              | Home address (if different):                            |                |              |
| Does this child normally live at this address? Yes / No |                |              | Does this child normally live at this address? Yes / No |                |              |
| Work address:   |                |              | Work address:   |                |              |
| Home number:  | Mobile number: | Work number: | Home number:  | Mobile number: | Work number: |
| Email address:  |                |              | Email address:  |                |              |
| Does this person have parental responsibility? Yes / No |                |              | Does this person have parental responsibility? Yes / No |                |              |

**Emergency Contact Details** (please provide details of two people we can contact if we are unable to get hold of you)

|          |                   |                            |
|----------|-------------------|----------------------------|
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |

**Child's Doctor**

|                 |            |
|-----------------|------------|
| Name of Doctor: |            |
| Address:        | Telephone: |

**About your child**

|  |
|--|
| Does your child have any medical condition requiring medical treatment?                                    |
| Does your child have any special requirements (diet, allergies, access needs, religious requirements etc)? |
| Any additional details (favourite activities, anything your child doesn't like):                           |
| Permission for emergency medical treatment: Yes [ ] No [ ]   |
| Permission to display photograph at club: Yes [ ] No [ ]   |

Signed: \_\_\_\_\_

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