



AFTER SCHOOL CLUB REGISTRATION FORM

NAME OF CHILD.....CLASS.....

DATE OF BIRTH.....

ADDRESS.....

.....POSTCODE.....

MAIN CONTACT NAME.....

MAIN CONTACT ADDRESS.....

MAIN CONTACT NUMBER.....ALTERNATIVE NUMBER.....

SECONDARY CONTACT NAME.....

SECONDARY CONTACT ADDRESS.....

SECONDARY CONTACT NUMBER.....ALTERNATIVE NUMBER.....

EXISTING MEDICAL CONDITIONS (please give details)

MEDICATION CURRENTLY TAKEN (please give details)
.....

WILL THIS MEDICATION NEED TO BE ADMINISTERED BY MEMBERS OF THE AFTER-SCHOOL TEAM? YES / NO

IF YES, PLEASE COMPLETE ADDITIONAL MEDICATION ADMINISTRATION FORM

DO YOU GIVE CONSENT FOR US TO ADMINISTER FIRST AID TO YOUR CHILD IF REQUIRED : YES / NO

DO YOU CONSENT TO YOUR CHILD WATCHING **PG** RATED FILMS / GAMES: YES / NO

DO YOU CONSENT TO YOUR CHILD BEING PHOTOGRAPHED AND THE IMAGES BEING USED IN SCHOOL / ON OUR WEBSITE : YES / NO

DOES YOUR CHILD HAVE ANY DIETARY NEEDS / ALLERGIES (please give details)
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PLEASE LIST THE NAMES **AND** CONTACT NUMBERS OF ALL PEOPLE WITH AUTHORITY TO COLLECT YOUR CHILD FROM THE CLUB: *(only named people will be able to collect your child – please notify us of any changes to this information)*

1.....

2.....

3.....

4.....

PLEASE ADVISE US AS SOON AS POSSIBLE OF ANY CHANGES TO THE DETAILS ON THIS FORM

SIGNED.....PRINT.....

DATE.....