



Registration Form

Event: _____

Permission

I _____ (Name of parent or guardian) give permission for my child/ children to attend this organisation/ event.

Full name (a) _____	DOB _____	Age _____	Sex _____
Full name (b) _____	DOB _____	Age _____	Sex _____
Full name (c) _____	DOB _____	Age _____	Sex _____
Full name (d) _____	DOB _____	Age _____	Sex _____
Full name (e) _____	DOB _____	Age _____	Sex _____

Address: _____

Email: _____ Postcode _____

Telephone Number _____

Emergency Number _____

My Child will normally be collected by the following adult(s) at the end of a session

I do not give permission for my child/ children to be helped with toilet use (If your child is at an age were they will need help to use the toilet please dress them appropriately when attending). *(please tick)*

I do not give permission for my child/ children to walk home at the end of a session. *(please tick)*

I do not give permission for my child/ children to be photographed. *(please tick)*

Medical

Name of GP _____

Practice _____

Tel. No. _____

Details of any known conditions, allergies, etc (e.g. asthma, diabetes, peanut allergies)

Registering Families

A separate form must be completed for each family and returned (with the appropriate fee, if necessary) to the Leader- in- charge or Alliance Youth Works staff member, as soon as possible.

Signature

In the case of an emergency, leaders will do everything possible to contact you on the emergency number listed above (or that on RF2, or RF3 not used during Summer Schemes), so that you can make the appropriate medical decisions for your child. (NB Only in extreme circumstances will leaders make emergency medical decisions on behalf of parents).

I confirm that the above information is correct to the best of my knowledge.

Signed _____ (Parent/ Guardian) Date _____