

Registration Form

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FULL Name of Parent
or Guardian:

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HOME Address:

HOME Telephone No:

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NAME of Child(ren):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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School(s) Attended:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date(s) of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Emergency Contacts:

Doctor's Details
Name/Surgery/Tel:

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Authorised Individuals
to collect Child(ren):

Any other information
e.g. Allergies, Dietary
Requirements:

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Permission to administer routine or emergency medication:*Delete where applicable

I **agree/do not agree to treatment/medication being given to my child by the members of staff at Play 'N' Care in the event of a medical emergency or child's illness.

I **agree/do not agree that my child(ren) (named above) can participate in any outings and have photographs taken periodically throughout their membership of the club without further request for agreement. Notice of such events will be posted in the club.

I hereby give my consent to my child(ren) attending and participating in the programme of activities organised by the Bathgate Play 'N' Care Club and agree to abide by the rules and regulations as laid down by the club.

I also agree to inform the club of any change in the Registration Details recorded here.

Signed: _____ Date: _____

Name (Print Please): _____