REGISTRATION FORM FOR AFTERSCHOOL AND BREAKFAST CLUB

Name of Children: …….. Year Group: ……

…….. ……

Home Address:……

……..

Contact Number: ……..

Parent/Carer: ……..

Doctor's Name:……..

Address and Telephone Number: ……..

……..

Medical/Allergies: ……

……..

……

Alternative Emergency Contact No: ……

Child will be collected by :……
(if different from above please give contact details)

During the club your child may have the opportunity to have their photograph taken which may be used on an activity display or be placed in other publications, such as the local newspaper, please give your consent below.

I give/do not give consent to have their photograph taken.

INDEMNITY

I understand that whilst my child attends the Club he/she will be under the supervision of the Club Leader and other adults. The staff in charge will take reasonable care of their Health and Safety.

Should your child require to go immediately to the hospital, an ambulance will be called. The parent/main carer will be contacted and arrangements will be made to meet them at the hospital. A member of staff will accompany the child to the hospital but cannot sign for any treatment to be carried out. However, I consent for Club staff to seek emergency medical advice or treatment from hospital staff should the need arise.

Signed:…… Date:……

Name:……