



YAS CLUB

CONFIDENTIAL - REGISTRATION FORM

PERSONAL DETAILS

Child's Name Date of Birth / /

Class

Home address Postcode

Parent/Guardian

Home telephone number

Emergency contact number

Additional Emergency contact details

Please list below any other adult who you authorise to collect your child. Please note that we will not let your child leave with anyone not listed unless you let us know in advance.

MEDICAL HISTORY

Doctor/Medical Practice

Tel. No.

Please give details of any medical conditions, allergies or dietary requirements that we should be aware of including a note of any regular medication being taken:

Please note that if special dietary food is required, we reserve the right to charge an additional cost or make arrangements for you to bring food in. We will always agree the most appropriate arrangements for your child with you in advance in these circumstances.

In an emergency, and if we are unable to contact you, do we have your permission to take your child to a doctor or hospital? YES/NO please delete as appropriate.

I agree to my child attending the YAS Club and give my permission for my child to take part in organised activities. YES/NO please delete as appropriate.

I agree to photographic images of my child being taken and used for display or publicity material. YES/NO please delete as appropriate.

Signed Parent with parental responsibility

Date / /