



CHILD REGISTRATION FORM

Child's name

Address .. Post Code

School Date of birth

Name of person/s with parental responsibilities

Relationship to child

Address, if different from above Post Code.....

Mobile Work no. Home no.....

E-mail address:

Children will only be allowed to leave the club with a named person
Name and address of person collecting child from the club if different from above

Name..... Relationship to child.....

Address Post Code

Telephone numbers: Home..... Work Mobile

Does your child have any known medical conditions, any allergies including food, penicillin or Elastoplast sensitivity that we should be made aware of?

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Any additional information which the club should be aware of:

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Doctor's name: **Address:**..... **Tel.no.**

*Please select YES or NO	*	*	Parent Signature
In the event of an accident or any emergency where medical aid might be needed I consent to my child being taken to Hospital for treatment as required	YES	NO	
If necessary can a member of staff administer first aid?	YES	NO	
I give consent to my child to have his/her face painted (providing my child is willing to have her/his face painted)	YES	NO	
On occasions photographs or videos may be taken of the children at play, I give my consent to my child being photographed	YES	NO	
Hedgehogs operate a transport service for trips during holidays and a daily collection service from local schools during term time; I consent to my child being transported if required.	YES	NO	

Please note that a separate form must be completed for each child, and it is most important that you inform us of any changes

I consent to my child attending Hedgehogs and understand and agree with the procedures stated in the Information Booklet and with the above conditions

Name	Signature	Date
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