

# REGISTRATION FORM

## PERSONAL DETAILS

Child's Name:

Which camp/dates will your child be attending?

Address:

Postcode:

Date of Birth:

School:

Name of Parent/Guardian:

Tel Number:

Email:

## EMERGENCY CONTACTS (Please provide two contacts)

Name:

Relationship to Child:

Tel Number:

Name:

Relationship to Child:

Tel Number:

Who is authorised to collect your child at the end of the day?

## MEDICAL INFORMATION (Please tick 'Yes' or 'No' where appropriate)

Does your child have any specific requirements e.g. allergies, medical conditions or been in contact with any infectious diseases in the last four weeks? Yes  No

If yes please give brief details:

Do you give us consent to administer emergency first aid if required?

Yes  No

Do you give permission to include the participant in photos and videos of the session to be used for promotion e.g. brochures, leaflets, internet, posters, video, advertising campaigns and newspapers?

Yes  No

Do you wish to receive details of activities in the future?

Yes  No

Where did you hear about our Sports Camp?

Signature of Parent/Guardian:

Date:

**Please return this form to the Inspire Centre Sports and Fitness Centre, Francis Street, Halifax, HX1 3UZ**

**Payment must be made before the first day of camp**

For office use:

Payment Method:

Amount Received: