

REGISTRATION FORM

ALL CHILDREN AND YOUNG PEOPLE MUST HAVE PARENTAL CONSENT AND RETURN SIGNED AGREEMENT PRIOR TO PARTICIPATING IN ANY ACTIVITIES

CHILD/ YOUNG PERSON

FULL NAME _____

ADDRESS _____

TOWN _____ POSTCODE _____

DOB _____ AGE _____ MALE / FEMALE

DOCTOR'S NAME _____

SURGERY _____ TEL _____

SCHOOL _____ YEAR _____

PARENT / GUARDIAN

FULL NAME _____

HOME TEL _____ MOBILE _____

EMAIL ADDRESS (please write clearly)

Would you like to be added to our database to receive regular updates (Yes / No)

SIGNATURE OF PARENT/GUARDIAN

_____ DATE _____

PHOTOGRAPHIC PERMISSION

Photos will only be taken during sessions/events for promotional CONNECT 4 purposes.

Please Circle (YES / NO) to give permission for your child to be photographed

Additional parental consent Adventurous and imaginative play

Whilst your child participates in CONNECT 4 Children and Young People activities he / she may use equipment which involves some level of risk.

All activity providers will take care to supervise and assess each child abilities and will demonstrate and talk with him / her how to play safely and prevent accidents

Please tick relevant boxes

5 – 9 year olds must be accompanied by an adult guardian and take full responsibility for their own child and stay during session.

10 + are encouraged towards healthier lifestyles by walking or cycling to venue safely and develop confidence and independence by support and consent of their parent or adult guardian.

CONNECT 4 CODE OF CONDUCT

It will be the individual's responsibility to respect the safety of others and no-one will be allowed to smoke, take or be under the influence of alcohol / drugs during the sessions.

MEDICAL/HEALTH DETAILS

Does your child have any conditions ?

Please tell us anything you feel might be helpful and include learning or behaviour and emotional difficulties, physical and mental health, allergies (including foods) and medication details.

Do you give permission for your child to be administered basic first aid, including adhesive sterile plasters for cuts and grazes ?

I agree to the terms and conditions and have ticked the relevant boxes and give permission for my child to participate in CONNECT 4 activities.

Signed by Parent / Guardian _____

Please print name

Date