

## WRITHLINGTON SPORT AND LEISURE

| CHILD REGISTRATION FORM  |  | DATE:     |
|--|--|-----------|
| Child's Name:  |  |           |
| Address:   |  |           |
|  |  | Post Code |
| Date of Birth:   | Age in Years:  |           |
| Parent/Guardian Name:  |  |           |
| Work Tel No:   | Home Tel No:   |           |
| Mobile Tel No:   | Emergency Tel No:  |           |
| Emergency Contact Name (if different from above)   |  |           |
| <b>Please tell us who has parental responsibility for your child:</b>  | <b>Is there anybody who may not legally have contact with your child</b> |           |
| Name:  | Name   |           |
| Address:   | Address:   |           |
| <b>Medical Information</b>   |  |           |
| Doctors Name:  | Tel No:  |           |
| Please give information on any allergies (incl food)   |  |           |
| Please give information on any recent infectious diseases:   |  |           |
| Please give information on any special needs or disabilities   |  |           |
| Please give information on any medical conditions eg Epilepsy, Diabetes etc:   |  |           |
| Please sign here in acceptance for us to administer first aid or to take to hospital in the event of an accident.  |  |           |
| <b>Off Site Activities</b>   |  |           |
| Please sign here in acceptance for us to take your child outside the building including escorting from activity areas as well as any planned excursions. |  |           |