

# After School Club Registration Form – Circus Skills

## Personal Details

<b>First Name</b>			<b>Last Name</b>		
<b>Daytime Telephone</b>			<b>Evening Telephone</b>		
<b>Mobile Telephone</b>			<b>Year Group</b>		
<b>(Please circle one)</b>	<b>Male</b>	<b>Female</b>	<b>School Attended</b>		

## Emergency Contact Details

<b>Name 1</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	
<b>Name 2</b>		<b>Relationship to child</b>		<b>Telephone Number</b>	

## Medical Information / Behaviour / Disability

*(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.*

## Consent

<b>General Consent (tick as appropriate)</b>	<b>Yes</b>	<b>No</b>
I consent to my child having his/her picture taken for promotional/website purposes		
I consent to video recordings being made of my child for promotional/monitoring purposes		
I consent to members of the local press being invited to take pictures of my child		
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present		

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship** \_\_\_\_\_