

# After School Club Registration Form – Gymnastics Y1 to Y6

## 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	<input type="checkbox"/>	<input type="checkbox"/>
I consent to video recordings being made of my child for promotional/monitoring purposes	<input type="checkbox"/>	<input type="checkbox"/>
I consent to members of the local press being invited to take pictures of my child	<input type="checkbox"/>	<input type="checkbox"/>
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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