

After School Club Registration Form - Karate Club

March-April 22 - Years 2 and 3

Personal Details

Child's First Name		Child's Last Name	
Address			Post Code
Daytime Telephone			Evening Telephone
Mobile Telephone			Child's Date of Birth
(Please circle one)	Male	Female	School Attended
			Rawmarsh Ashwood

Emergency Contact Details

Name 1		Relationship to child		Telephone Number	
Name 2		Relationship to child		Telephone Number	

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

General Consent (tick as appropriate)	Yes	No
I consent to my child having his/her picture taken for promotional/website 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"/>

Can you please confirm if your child will be collected after the activity or is allowed to walk home?

Please tick the applicable box and return to school before the club start date

(Student name) _____ will be collected

(Student name) _____ is allowed to walk home

If your child is collected please write down who will be picking them up _____

Signed: _____	Date: _____
Name: _____	Relationship _____

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