

# After School Club Registration Form – Gymnastics

## Nov/Dec22 Years 1 and 2

### Personal Details

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

### 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 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

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

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

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

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

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