

After School Club Registration Form – Athletics Club

June - July 2023 Years F2 to Y2

Personal Details

Child's First Name		Child's Last Name			
Address				Post Code	
Daytime Telephone			Evening Telephone		
Mobile Telephone			Date of Birth	Class and Year	
(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		
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		

Student name _____

will be collected by _____
 (Please write down the name of the person who will be picking them)

Signed: _____

Date: _____

Name: _____

Relationship _____