

# Shilbottle Community Hall Limited Junior Youth Group



## Registration Form

### **Child's Details:**

Child's Full Name: .....

Home Address: .....

.....

..... Postcode: .....

Home Phone Number: .....

Date of Birth: .....

School: ..... Year: .....

Language Spoken at home: ..... Religion/Culture: .....

### **Medical Information:**

Doctor's Name & Address: .....

.....

Does your child have any allergies or medical conditions? Yes / No

If Yes, please give details: .....

.....

Does your child require any medication / carry an inhaler? Yes / No

If yes, please give details: .....

.....

Does your child have any special food requirements? Yes / No

If yes, please give details: .....

.....

**Parents/Carers Information**

Name of Parent/Carer Child lives with: .....

Relationship to child: .....

Contact Number: .....

Contact Email Address: .....

Name of Other Parent/Carer: .....

Relationship to Child: .....

Address (if different from overleaf): .....

..... Postcode: .....

Contact Number: .....

Do you give permission for your child's photograph to be taken? Yes / No

If yes, may we use your child's photograph for publicity purposes? Yes / No

**Emergency Contact Details**

Please give details of two people we can contact in case of an emergency, if we are unable to contact the named Parent/Carer on this form:

Emergency Contact 1:

Name: ..... Contact Number: .....

Address: .....

Emergency Contact 1:

Name: ..... Contact Number: .....

Address: .....

**I give permission for my child to attend the Shilbottle Community Hall Junior Youth Club and I understand that I need to notify the Junior Youth Club of any changes to the information given above.**

**I give permission for my child to walk home alone after the session Yes / No**

**Parent/Carer Signature: ..... Date: .....**

**JYG USE ONLY:**

Date Received: .....

Details amended: .....