



To parents and guardians, for the protection of your child our managers require the following details. This information is for our own use only and strict confidentiality will be observed.

NAME :

ADDRESS :

.....

.....

HOME TELEPHONE :

MOBILE TELEPHONE :

Date of Birth :

PARENTS NAMES :

PERSONAL HEATH DETAIL :

.....

ALLERGIES :

.....

DOCTORS NAME :

MEDICAL PRACITISE :

TELEPHONE :

I confirm that my child has / has not been (please delete) immunised against tetanus within the last five years.

SCHOOL YOUR CHILD ATTENDS :

HEAD TEACHERS NAME :

ALTERNATIVE CONTACT INFORMATION

CONTACT NAME 1 :

RELATIONSHIP :

CONTACT NUMBER :

CONTACT NAME 2 :

RELATIONSHIP :

CONTACT NUMBER :

DISCLAIMER

I give permission for my child to attend and take part in the activities of the club and I am aware that the club is not liable for any injuries that may occur during these activities.

I have read and understood the clubs Code of Conduct.

SIGNATURE OF PARENT OR GUARDIAN :

DATE :

Please ensure that this form is returned to your child's manager only.