Registration and Consent Form

**Activity/Group**...........................................................................

Childs Name………………………………………………………..

Address……………………………………………………………..

Parent /Carer Details:

Name…………………………….………………Phone Number……………………………

Alternative Emergency contact name and telephone number:

Name…………………………….………………Phone Number……………………………

Does your Child have any medical conditions? eg. Asthma, diabetes, allergies, epilepsy .etc

…………………………………………………………………………………………..……….

Does your Child have and food, drink or food colouring allergies?

……………………………………………………………………………..…………………….

Is there anything else we need to know?

………………………………………………………………………………………….

Medical treatment: As the parent/ legal guardian of the above named Child/Children I agree to them receiving any appropriate first aid given by the nominated first-aider.

*I give consent for ................................................................. to attend and participate in the normal activities of the above group/event*

Signed…………………………………………………….……Date………………………..

Are you happy for photos / videos to be taken of the participant/s named on this form? Yes / No (photos will not be named or linked with any personal details)

Please circle Yes or No to make clear in which ways you are willing for them to be used:

*Displays Yes No*

*Publicity (e.g. posters/flyers) Yes No*

*Website Yes No*

*I give consent for photos/videos of the participant named on this form to be used, as above.*

Signed: …………………………………………………………………Dated: ............................................