



REGISTRATION FORM

MEMBER NO

PLEASE COMPLETE IN BLOCK CAPS

4-7 Yrs

☐

8-14 yrs

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Child Name: _____

Address: _____

Town: _____ Postcode: _____

DOB: _____ Age: _____

School: _____

Name of Parent / Guardian: _____

Home Tel: _____ Email: _____

Emergency Contacts - Please provide the details of two people that we may contact in case of emergency

Contact 1

Contact 2

Name: _____

Name: _____

Address: _____

Address: _____

Home Tel: _____

Home Tel: _____

Mobile: _____

Mobile: _____

Please give details for the above child of any relevant medical history including allergies
(include details of any medication they will be carrying)

Throughout the Schemes, photographs will be taken by our staff for marketing purposes or by press photographers for publicity. Please tick this box if you **DO NOT** wish your child to be included in such images.

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By signing below you, as the parent or guardian of the above child, are giving consent for this child to participate in activities organised as part of the Summer Schemes at Roe Valley Leisure Centre and weather permitting, on the 3G pitch at Scroggy Road. Additionally, you are authorising the use of promotional images which may include your child, unless you have ticked the box above.

Signed: _____

Date: _____