

## Hoylandswaine Owls Out of School Club



### Registration Form

NAME OF CHILD			D.O.B
ADDRESS			
MOTHER'S NAME	HOME TEL NUMBER	MOBILE NUMBER	
FATHER'S NAME	HOME TEL NUMBER	MOBILE NUMBER	
WHO HAS PARENTAL RESPONSIBILITY?			
<b>PLEASE SUPPLY THE NAME OF TWO PEOPLE WHO WILL BE COLLECTING YOUR CHILD/REN</b>			
PERSON ONE			TEL NUMBER
PERSON TWO			TEL NUMBER
<b>EMERGENCY CONTACT DETAILS</b>			
1. NAME		CONTACT NUMBER	
2. NAME		CONTACT NUMBER	
IN THE EVENT OF EMERGENCY MEDICAL TREATMENT BEING REQUIRED, DO YOU GIVE PERMISSION FOR THIS TO BE ADMINISTERED?    YES/NO			

**Signature:**

**Date:**



**Medical Information**  
**Hoylandswaine Owls Out of School Club**

DOES YOUR CHILD HAVE ANY KNOWN MEDICAL PROBLEM OR TAKE REGULAR MEDICATION?	YES	NO
IF YES PLEASE GIVE DETAILS		
DOES YOUR CHILD SUFFER FROM ALLERGIES?	YES	NO
IF YES PLEASE GIVE DETAILS		
DOES YOUR CHILD HAVE ANY MAJOR PHOBIAS/ DISLIKES (CERTAIN FOODS OR MATERIALS)?	YES	NO
IF YES PLEASE GIVE DETAILS		

DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOGRAPH TO BE USED ON THE WEBSITE AND IN MARKETING MATERIAL ON BEHALF OF HOYLANDSWAINE OWLS OUT OF SCHOOL CLUB?	YES	NO
--	-----	----

FORM COMPLETED BY NAME.....

SIGNATURE .....

RELATION TO CHILD .....

DATE .....