

Early Birds & Night Owls Registration Form

Child's Details			
Name		DOB	
Parents/Carers Contact Details			
Name			
Home Tel:		Mobile:	
Work Tel:			
Email:			
Emergency Contact Details			
Name & Address			
Relationship			
Home Tel:		Mobile:	
Work Tel:			
Email:			
Person Authorised to Collect My Child – Night Owls Only			
Name & Address			
Relationship			
Home Tel:		Mobile:	
Work Tel:			
Email:			
Medical and Dietary Information			
Name of Child's Doctor			
Doctor's Address			
Doctor's Telephone No:			

Please list any medical conditions (eg. Asthma)

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Please list any medical allergies (eg. Penicillin)

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Please list any dietary/food allergies (eg. Dairy)

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First Aid Consent

To give your consent, please tick the boxes

- I give permission for first aid to be carried out on my behalf by a trained first-aider.
- I consent to any emergency medical treatment necessary during the running of the club.
- I authorise Night Owls staff to sign any written consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

In signing this form, I declare the information to be true and accurate.

Name:

Signature:

Date: