

The Buzz Club @ Appleby Primary School

REGISTRATION FORM

CHILD'S NAME:

Date of Birth:

Home Address:

Telephone Numbers:

Home:

Email address:

EMERGENCY CONTACT NUMBERS:

Mobile/Work:

2nd Mobile/Work:

NAME OF PERSONS WITH PARENTAL RESPONSIBILITY AND RELATIONSHIP TO THE CHILD:

NAME OF OTHER PERSONS AUTHORIZED TO COLLECT CHILD:

NAME OF CHILD'S DOCTOR:

ADDRESS:

TELEPHONE NO:

ALLERGY, MEDICAL OR DIETARY CONDITIONS:

I/ WE give consent to our child receiving emergency medical intervention:

YES/NO

I/WE give consent for my child to attend notified outings with the club:

YES/NO

I/WE give consent for photographs of club activities to be taken for club use:

YES/NO

ANY OTHER IMPORTANT INFORMATION:

SIGNED _____ DATE _____