

Marmalade & Monkeys

REGISTRATION FORM



Childs details:

Full name: _____ Preferred name: _____

Date of birth _____

Parent/Career 1 details

Name _____

Address _____

Email _____

Tel home/work/mobile _____

Parent/Carer 2 details (if different from above)

Name _____

Address _____

Tel home _____

Tel work/ mobile _____

Collectors details (if different from above)

Note: your child will only be allowed to leave if we are given the known password. Make sure everyone who collects your child knows the password.

Name _____

Address _____

Tel home _____

Tel work/ mobile _____

Password for use if someone other than parents/carers (1 or 2) is collecting your child/children

Password _____

Childs doctor's details

Name _____

Surgery & Telephone No. _____

Does your child have any known medical problems or conditions?

Are we able to apply plasters to your child if necessary? (Please circle) Yes No

Does your child have any know allergic reactions?

We like to keep a record of activities the children undertake.

Do you give us permission to have their photograph taken and use these photographs:

- a) In the lodge? YES NO b) On our website? YES NO

EMERGENCY TREATMENT DECLARATION

I consent to my child receiving an emergency medical treatment necessary during the running of the club. I authorise the staff of Marmalade and Monkeys to sign any written form of consent required by the medical authorities, if the delay in obtaining my signature is considered by the doctor to endanger my child's health and safety.

YES NO

Signed _____ Print

Name _____

Date _____

This form has been updated and confirmed correct:

Date:		Signature:	
Date:		Signature:	
Date:		Signature:	