



Gilmorton Registration Form

Child's Name:.....

Address:.....

.....
Date Of Birth:.....

Emergency Contacts

Name:.....

Name:.....

Address:.....

Address:.....

.....
Tel (Home):.....

.....
Tel (Home):.....

Tel (Mobile):.....

Tel (Mobile):.....

Medical Information

Are there any medical conditions or allergies we need to be aware of? Yes/No

If yes please give details:.....

.....

.....
Do you consent to your child receiving first aid in the event of an emergency? Yes/No

(There will be a qualified first aider on duty each month)

Publicity Photographs

We may for publicity reasons take photos at the club. Do you consent to your child being in photos for such a purpose? Yes/No

Permission To Attend Club

I understand the subs. for each month will be £1.00 to help contribute towards costs, and give permission for my child to attend.

Sign:.....

Date:.....

(Parent or Guardian)