

# JUST REGISTRATION FORM

Name:

Address:

Age:

Birthday:

## EMERGENCY CONTACTS

Name:

Name:

Address:

Address:

Tel no:

Tel no:

## 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 week)

## 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

Please sign to confirm your permission for your child to attend JUST.

Sign:

Date:

(Signature of parent or person with legal responsibility for child)