Refresh Registration Form

PARENT/CARER’S NAME: .....................................................................................................................................................

CHILD/CHILDREN’S NAME/S: ............................................................................................................................................

CHILD/CHILDREN’S DOB: ....................................................................................................................................................

CONTACT ADDRESS: ............................................................................................................................................................

POSTCODE: ..................................................................................................................................................................

CONTACT TEL NO: ................................................................................................................................................................

EMAIL ADDRESS: ..................................................................................................................................................................

REGISTRATION DATE: ............................................................................................................................................................

MEDICAL CONDITIONS: ............................................................................................................................. (e.g. allergies, asthma)

SPECIAL NEEDS: ..................................................................................................................................................................

IN THE EVENT OF AN EMERGENCY, DO YOU GIVE US CONSENT TO OFFER FIRST AID, OR CALL 999:

YES: NO:

SIGNED: ..................................................................................................................................................................

RELATIONSHIP TO CHILD: ...................................................................................................................................................

DATE: ..................................................................................................................................................................

The group is run by staff and members of Holy Trinity Church Richmond.