



## **Redland Rascals Registration Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Gender: \_\_\_\_\_

School Attended and Year: \_\_\_\_\_

Religion (if any): \_\_\_\_\_

First Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergies or Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_



Regular Medication: \_\_\_\_\_

\_\_\_\_\_

Any further special needs or requirements (e.g. dress/toileting/language issues)

\_\_\_\_\_

\_\_\_\_\_

Persons authorised to collect from Redland Rascals:

\_\_\_\_\_

\_\_\_\_\_

- I do/do not consent to photographs of my child being taken and used in print or on the School website (no names will be used).
- I do/do not consent to my child being assisted to use sun lotion as required (any allergies should be noted separately).
- I do/do not consent to my child being taken out of the buildings and grounds of Redland High School on outings in the local area (further consent will only be sought for unpublished outings further afield).
- I do/do not consent to the Manager (or other qualified First Aider) treating my child following an accident (please note that we cannot accept bookings for children where this consent is not given due to health and safety considerations for your child.)
- I do/do not consent to the Manager or other appointed person authorising emergency medical treatment on behalf of my child if required.
- I have read the terms and conditions of Redland Rascals (updated April 2009) and in signing this form I agree to be bound by these.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_