



"The Seaton Crew"



"REGISTRATION FORM

CONFIDENTIAL

Child's name (in full)	
Name to be called	
Address	
Date of birth	
Name in full of parent[s] or carer[s]	Name in full of parent(s) or carer(s)
Address	Address
Tel. No.	Tel No.
Name of any other contact for emergency	Name of any other contact for emergency
Address	
Tel. No.	
Name and Address of child's Doctor	
Telephone Numbers	

Does your child have any known medical problems	Known Allergies:
Collection (other than parent) Name : Relationship to child –	Collection (other than parent) Name : Relationship to child -
Any other information	

DECLARATION

I, the parent/guardian of hereby grant fully authority for Supervisor(s) in charge of the above After School Club to act "in loco parentis" in respect of my child(ren) during their time at the club.

I understand that the words "loco parentis" means that the Supervisor(s) shall have the same authority in respect of my son/daughter regarding discipline and welfare as I myself at present enjoy. As parent of the activities, I am willing to allow my son/daughter to enter into such recreational, educational, sporting and other activities as may be considered by the Supervisor(s) to be in his or her interests and the consent already given in respect of the Supervisor(s) being "loco parentis" to my son/daughter shall apply to any activities undertaken in this regard.

I consent to my child(ren) being photographed for the club's notice boards or for publicity purposes for the scheme.

Please note that whilst every effort is taken to ensure your child's belongings and clothing are protected, we cannot be held responsible for lost, stolen or damaged articles.

Signed



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EMERGENCY TREATMENT CONSENT

In the extreme event of hospitalisation, I consent to my child(ren) being taken via ambulance to Hospital. In the interest of my child's well being, I authorise medical staff to attend to my child(ren) as they think appropriate.

Signed parent of

Dated