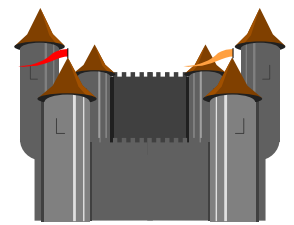


# 'THE KEEP' REGISTRATION FORM



## CHILD'S DETAILS (PLEASE PRINT)

FULL NAME.....NAME TO BE CALLED.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE NUMBER.....DATE OF BIRTH.....

ETHNIC ORIGIN.....RELIGION.....MALE/FEMALE

LANGUAGES SPOKEN.....

NAMES OF PERSONS WHO HAS LEGAL CONTACT AND PARENTAL RESPONSIBILITY

.....

.....

PARENTS/CARERS FULL NAMES.....

HOME ADDRESS.....

.....POSTCODE.....

TELEPHONE NUMBERS.....

.....

WORK NUMBER .....PLACE OF WORK.....

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT REQUIRES REGULAR TREATMENT OR MEDICATION?  
(IF YES PLEASE SPECIFY)

.....

**(ONLY MEDICATION PRESCRIBED FOR YOUR CHILD MAY BE GIVEN AT THE KEEP UPON COMPLETION OF A  
'REQUEST FOR MEDICINES TO BE ADMINISTERED FORM')**

ARE THERE ANY MEDICAL PROCEDURES THAT ARE PROHIBITED DUE TO FAMILY OR RELIGIOUS BELIEFS?  
(IF YES PLEASE SPECIFY)

.....

DOES YOUR CHILD HAVE ANY DISABILITY?. (IF YES PLEASE SPECIFY)

.....

DOES YOUR CHILD HAVE ANY ALLERGIES? (E.G FOOD, PLASTERS ETC).....

DOES YOUR CHILD HAVE ANY SPECIAL DIATRY REQUIREMENTS?.....

.....

DO YOU OBJECT TO ANY PHOTOGRAPHS BEING TAKEN OF YOUR CHILD DURING ANY OF THE ACTIVITIES AT THE KEEP?  
THESE WILL ONLY BE USED FOR DISPLAYS AND PROMOTIONAL PURPOSES  
(PLEASE CIRCLE)

YES NO

DO YOU CONCENT FOR MEMBERS OF STAFF AT THE CLUB TO APPLY SUNCREAM TO YOUR CHILD IN HOT CONDITIONS?

YES NO

ANY OTHER RELEVANT INFORMATION.....

.....

**DOCTORS DETAILS**

NAME.....

ADDRESS.....

POSTCODE.....TELEPHONE NUMBER.....

**NAMES OF ADULTS COLLECTING CHILD FROM THE CLUB**

NAME.....TEL NUMBER.....RELATIONSHIP TO CHILD.....

NAME.....TEL NUMBER.....RELATIONSHIP TO CHILD.....

NAME.....TEL NUMBER.....RELATIONSHIP TO CHILD.....

**NAME AND TELEPHONE NUMBER OF PERSONS TO CONTACT IN AN EMERGENCY  
(OTHER THAN PARENTS/CARERS)**

NAME.....TEL NUMBER.....RELATIONSHIP TO CHILD.....

NAME.....TEL NUMBER.....RELATIONSHIP TO CHILD.....

NAME.....TEL NUMBER.....RELATIONSHIP TO CHILD.....

(IF ANY CHILD IS NOT COLLECTED WITHIN 30 MINUTES OF THE CLUB'S CLOSING TIME STAFF WILL FOLLOW THE PROCEDURE FOR 'CHILDREN FAILING TO BE COLLECTED OR LOST')

**PARENT/GUARDIANS CONSENT FORM**

I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT NECESSARY DURING THE RUNNING OF THE CLUB. I AUTHORISE THE PLAY STAFF TO SIGN ANY WRITTEN FORM OF CONSENT REQUIRED BY HOSPITAL AUTHORITIES IF THE DELAY IN GETTING MY SIGNATURE IS CONSIDERED BY THE DOCTOR TO ENDANGER MY CHILD'S HEALTH AND SAFETY.

I UNDERSTAND WHILE STAFF AT THE KEEP WILL TAKE ALL REASONABLE CARE OF THE CHILDREN, THEY CANNOT BE HELD LIABLE IN THE EVENT OF ANY ACCIDENT (UNLESS IT CAN BE SHOWN THAT THE STAFF HAVE BEEN NEGLIGENT) OR FOR ANY PROPERTY LOST OR DAMAGED.

I UNDERSTAND THAT PERSISTENT LATE OR NON-PAYMENT OF FEES WILL JEOPARDISE MY CHILD'S CONTINUED ATTENDENCE AT THE CLUB.

I AGREE THAT I WILL NOTIFY THE PLAYLEADERS OF ANY CHANGES TO THE ABOVE INFORMATION

NAME OF PARENT/GUARDIAN (PLEASE PRINT) .....

SIGNATURE OF PARENT/GUARDIAN.....DATE.....

IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE GET IN TOUCH WITH THE MANAGER