



REGISTRATION FORM Please print details clearly

Child's Name Age D.O.B.

Address

Name of School Home Telephone Number

E-mail

MEMBER/NON MEMBER (delete as appropriate)

CONTACT INFORMATION

PARENT/GUARDIAN NAME 1st 2nd

WORK CONTACT NAME 1st 2nd

WORK TEL NO: 1st 2nd

EMERGENCY CONTACT OTHER THAN ABOVE:

Doctors Name Telephone Number

Doctors Address

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MEDICAL/ADDITIONAL INFORMATION

Please give details of any allergies, illness, special needs and dietary restrictions etc.

Please indicate your child's current swimming ability (weak or non-swimmers will be supervised in designated safe water of no more than 1.35m depth and wear flotation aids).

NON SWIMMER - WEAK SWIMMER - COMPETANT SWIMMER (can swim 50m continuously)

CONSENT

- I give consent for my child to go swimming.
- I give my consent for the administration and general treatment by first aid qualified staff if necessary.
- I give my consent for my child to be taken to Hospital in an emergency.
- I have read and accept the terms and conditions, and policies of the Super School Information to Parents document.

PHOTOGRAPHIC PERMISSION

I give permission for any photos taken of my child during activities to be displayed within the centre or used in marketing materials. Photographs will only be used by Valley Leisure Limited and will not be passed to any 3rd party. Tick box

By signing below indicates all the above information is correct and you understand the consent conditions listed above.

Parent/Guardian Signature Date

Please print full name