

# Activity Camp Registration Form

## Child/ren's Details

Full Name	Age	Date of Birth	School Attended	Any Relevant Medical Conditions
1.				
2.				
3.				
4.				

## Parent/Guardian Details

Title:	First Name:	Surname:
Home Address:		
Is this the child/ren's home address? YES / NO		
Work Address:		
Home Tel.	Mobile Tel.	Work Tel.
Email Address:		
Relationship to child/ren:		

Title:	First Name:	Surname:
Home Address:		
Is this the child/ren's home address? YES / NO		
Work Address:		
Home Tel.	Mobile Tel.	Work Tel.
Email Address:		
Relationship to child/ren:		

## Emergency Contact Details

*(please provide details of two people we can contact in case of emergency if we cannot get hold you you)*

1.Name:	Home Tel.	Mobile Tel.
Address:		Relationship to child:
2.Name:	Home Tel.	Mobile Tel.
Address:		Relationship to child:

## About Your Child/ren

Please give details of any additional/special needs your child/ren may have:
Please give details of any dietary requirements/food allergies your child/ren may have:
I give consent for Direct Sports Provision to administer basic first aid should my child/ren require it: YES / NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_