

# Child Registration Form

Organisation

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Meeting on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_

Name

Address

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian's name

Contact numbers \_\_\_\_\_ Emergency contact number/s \_\_\_\_\_

I give permission to child named above to attend \_\_\_\_\_ meeting on the day and times specified above and to participate in all the activities of the organisation, and know of no medical reason why he/she should not do so (see below). It is my understanding that my specific consent will be sought for any additional activity outside the above days and times and venue.

Please indicate below if the above child suffers from any medical condition/allergies (specifying any medication he/she may be taking) and/or has any special needs or dietary requirements about which the leaders should be informed.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for child named above to receive first aid if necessary.  
I give permission for child named above to receive medical assistance from a medical professional in an emergency. I understand that I will be contacted as soon as possible regarding this.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent must be provided by the person with parental responsibility.**