

MUDCHUTE YOUNG FARMERS

REGISTRATION FORM

Child's Name:				Date of Birth:			
Male:		Female:		School Attended:			
Home Address:							
Please state any illness, allergies or dietary requirements your child has:							
Does your child have any particular or special needs? If so please give details:							

Primary Carers

Relationship to child:		Relationship to child:	
Name:		Name:	
Work tel:		Work tel:	
Mobile tel:		Mobile tel:	
Email	Email		
Person/s authorised to collect child:			
Password to be used in event of non-primary carers arriving to collect child			
My child is allowed to travel home alone from Mudchute			
Please delete as appropriate		YES	NO

Emergency Contact Details

Name:		Address:		Tel:	
Name:		Address:		Tel:	
Who has Legal Contact with your child eg a parent who lives at a different address?		Name:		Tel:	

Emergency Treatment Consent

I give my consent and the authority to the staff of: Mudchute for my child to be taken to the hospital in the case of an emergency should it be deemed necessary in my absence, whilst in the care of the Young Farmers Club. If you have any questions or queries regarding this issue, please do not hesitate to speak to a member of our team. DENIED CONSENT OR MISSING DOCTOR INFORMATION MAY DELAY TREATMENT IN THE CASE OF AN EMERGENCY		Parent's Signature:
Doctor's Name:	Doctor's Address:	Doctor's Telephone Number:

General Consent

I give consent for my child to attend outings and trips	YES / NO
I give consent for photos to be taken of my child which may be used for decorative, funding and publicity purposes:	YES / NO
I give consent for my child to travel by minibus when necessary:	YES / NO

For monitoring purposes please inform us of the ethnicity that best represents your child:

I have disclosed all relevant information that has been requested on the registration form

Print Name:	Date:
Signed:	