

Morning Sports Zone & Afterschool Sports & Games

Registration Form

Child's Name:

Class:

Additional Information - Medical Conditions/Allergies/Medication:

Emergency Contact 1

Name:

Relationship to child:

Home Tel:

Mobile:

Emergency Contact 2

Name:

Relationship to child:

Home Tel:

Mobile:

Consent to...

Be photographed: Y / N

Go home alone (Y6): Y / N

Receive emergency treatment: Y / N

Receive basic first aid treatment: Y / N

Signed By Parent / Guardian:

Date: