



**REGISTRATION FORM Session 2009/2010**

Child's Name:

Parent/Guardian Name:

Address:

Date of Birth:  Year in at school:

Home Phone Number:

Emergency Contact:

Medical conditions we should be aware of:

I give permission for my child to take part in all of the normal activities of REMIX including supervised use of Links Park and the surrounding area. I understand that for day trips additional consent will be needed. I agree to inform the club of any changes to personal details such as addresses and medical conditions. I recognise that staff are not responsible for personal items such as mobile phones, gameboys etc. I understand that my child will be required to follow the rules of the group and to behave in an appropriate manner.

I am happy for photographs of my child to be used in our publicity or newspaper publications.

Please tick Yes  No

I am happy for video footage of my child to be used in our publicity and use **within** REMIX

Please tick Yes  No

Signed: ..... Date: .....

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**Office Use:** Starting Date  Group