



CHILD

REGISTRATION FORM

Personal details of participant

Date _____

Name:			Gender	Male/Female
Address:			AGE	
			DOB	
Post Code				
Email:				
Phone Numbers	Home:			
	Mobile:			
School/College				

EMERGENCY CONTACT DETEAILS

In case of an emergency during the activity, please could you write down a contact name and telephone number in addition to your own.

Name:			Relationship	
			to participant:	
Telephone Numbers:				
Home:		Mobile:		
PTO				

DISABILITY

The disability discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has substantial and long term adverse effect on his or her ability to carry out normal day to day activities"

Do you consider yourself to have a disability?						YES	NO
VI	Visual Impairment		HI	Hearing impaired		PD	Physical Disability
LD	Learning difficulty		MD	Multiple Disability		Other	

MEDICAL INFORMATION

Do You suffer from:	Asthma	diabetes	Epilepsy	fainting	
Are there any medical details you feel we should know about?					
Might your child bring medication during the activity				YES	NO
If YES please give details No medication will be administered without signed detailed instructions					

SIGN OUT PROCEDURE

Do you give permission for your child to sign out and leave on their own at the end of the session/activity?(Please circle)

YES	NO - Child must be collected by parent
NB INSPIRE must be informed if child is to be collected by someone other than yourself	

CONSENT FROM PARENTS

My child is in good health and I consider him/her capable of taking part in the organised activity. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child which may include the use of anaesthetics. I also understand that while INSPIRE personel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

Parent/Guardian Name:	(please print)
<small>(must be person with legal parental responsibility)</small>	
Signature of Parent/Guardian:	