Congresbury Youth Partnership

Saturday Morning Club Registration Form

Child's Name
Date of Birth
Address
Home Telephone Number
Parents/Carers Names
Mobile Phone Numbers
Email Address of Parent/Carer
Emergency Contact – Name and Number
Any Allergies? YES NO Please state -
Any Medication? YES NO Please state -
Date of last Tetanus
Any other Comments
Please tick if you give permission for your child to be photographed for publicity purposes by the CYP and in the paper

Please tick if you give permission for your child to use the ball court during Saturday club	Please tick if you give permission for Saturday club volunteers to take your child over to the Millennium Green

Will your child be collected or do you give permission for them to walk home Collected Walk home

Signed ..... Date .....