



Goostrey All Stars

After School Club

Registration Form

Please remember to advise us of any change to the details given below so that we can ensure our records are always up to date.

Child's Name			
Class/Year Group		Date of Birth	
Address			
Postcode		Name of Siblings	

Parental/Guardian Contact Details

Name	
Relationship to Child	
Address	
Telephone No. - Home	
Telephone No. - Work	
Telephone No. - Mobile	
Email	

Name	
Relationship to Child	
Address	
Telephone No. - Home	
Telephone No. - Work	
Telephone No. - Mobile	
Email	

Emergency Contact Details

(Please give details of persons who could be contacted in an emergency other than parents)

Name	
Relationship to Child	
Address	
Telephone No. - Home	
Telephone No. - Work	
Telephone No. - Mobile	

Name	
Relationship to Child	
Address	
Telephone No. - Home	

Telephone No. - Work	
Telephone No. - Mobile	

Medical Details

My child has: **Allergies** **Medication**

If you have ticked either of the boxes above please give details below:

Doctors Name	
Address	
Telephone Number	

In the event of an emergency I give permission for my child to receive first aid? **Yes** **No**

If your child requires medication to be given during the after school club, a separate medical form will need to be completed. In accordance with the after school clubs policy, no non-prescription medication can be given.

In the event of hot weather, may staff apply sun cream to your child? **Yes** **No**

Does your child have any dietary requirements? **Yes** **No**

If you have ticked 'Yes' please give details below:

Is there any other information you would like us to be aware of:

I give my consent for pictures to be taken and used by the Goostrey All Stars for displays/promotional purposes? **Yes** **No**

I agree I have read and understood the Terms and Conditions of Goostrey All Stars club.

Parent/Guardian Signature:	
Print Name:	
Date:	

Please email your completed form to: bookings@goostreyallstars.co.uk