

# Registration Form

Child's Name:	DOB: ____/____/____
Gender:	School Year:

Parent/Carer Name:	
Home Tel Number:	Mobile Tel No:
<b>email address:</b>	

Address:
Postcode:

Emergency Contact Name:	
Home Tel Number:	Mobile Tel No:
e-mail address:	

<b>Child's Medical Information</b>
Relevant Medical History:
Allergies:
Medication:
Additional Needs

<p><b>May we contact your child directly using phone, text, email or social media?</b> <span style="float: right;">Yes/No</span></p> <p>(Your child will only receive contact from Oneyouth team members who are all DBS checked, if they are invited to any Social Media group the Oneyouth team member will be the admin for the group and would oversee interactions between peers to ensure they remain safe and appropriate)</p> <p><b>Your child's mobile number</b></p> <p><b>Your child's email address</b></p>
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I confirm that the above information is correct and I hereby give permission for my child to receive emergency treatment or First Aid in the event of staff being unable to contact me.	
Signed:	Print Name:
Relationship to Child:	Date: