

Budeez



OUT OF SCHOOL CLUB

7 Marcliff Grove
Knutsford
Cheshire
WA16 6JE

Telephone 01565 652855 or
0783 420 8195 (mobile)
Email: gillian@budeez.co.uk
Website: <http://www.budeez.co.uk>

REGISTRATION FORM

Please use **Black Ink** to complete this form

Child's Name: Date of Birth:

Address:
.....

School: Home Telephone Number:

Start Date: Registration Fee: £30.00 (once only payment)

Mother's Name:	Father's Name:
Address:	Address:
Mother's Contact No:	Father's Contact No:
Mother's Employer:	Father's Employer:
Employer's Tel No:	Employer's Tel No:

Alternative Emergency Contact & Tel No:
.....

Relationship to Child:

Named Person(s) who may collect the Child.

Name Relationship

Name Relationship

Name Relationship

HEALTH

Doctor's Name: Tel No:

Doctor's Address:

.....

Vaccinations To Date:

.....

Illnesses To Date:

.....

Is your child taking any medication? YES / NO (please circle)

If yes, what medication?

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Please give details of any allergies or other medical conditions

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Additional Comments:

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I have read and understood the contents of the Prospectus and I agree to adhere to all policies and procedures of the club including hereby authorising Gillian Warman or her nominee to sign for any medical treatment for the child including the use of anaesthetics if the circumstances arise and where the medical authorities consider such treatment necessary.

Signed:

Date:

(Parent/Guardian/Carer)

Completed forms will only be accepted if accompanied with the correct registration fee (£30.00).