



### Registration & Consent Form



|  |                 |                         |
|--|-----------------|-------------------------|
| <b>Child's name:</b>   |                 | Date of Birth:          |
| Ethnic origin:   | First Language: | School:                 |
| Home Address:  |                 |                         |
|  |                 | Post code:              |
| Email address:   |                 |                         |
| <b>Details of persons with Parental Responsibility for the child</b>   |                 |                         |
| Name: Mr/Mrs/Miss/Ms/Dr  |                 | Name: Mr/Mrs/Miss/Ms/Dr |
| Relationship to child:   |                 | Relationship to child:  |
| Place of work:   |                 | Place of work:          |
| Telephone number:  |                 | Telephone number:       |
| Mobile:  |                 | Mobile:                 |
| Who does the child normally live with?   |                 |                         |
| Emergency contacts <i>(must be different from above)</i>   |                 |                         |
| 1.   |                 |                         |
| 2.   |                 |                         |
| Does your child have any medical conditions, allergies or special educational needs?<br><i>If yes, please give details</i> |                 |                         |
| Does your child need to take any regular medication? e.g. inhalers<br><i>If yes, please give details</i>                   |                 |                         |
| Name of Doctor:  |                 | Telephone:              |
| Address:   |                 |                         |
| Is there anything that your child should not eat or drink for health/religious reasons?                                    |                 |                         |
| Do you agree to the following being used on your child?  |                 |                         |
| Plasters   | YES             | NO                      |
| Antiseptic cleansing wipes   | YES             | NO                      |

I understand that every care will be taken and I accept that in the event of an accident at Y-Play I cannot necessarily hold Y-Play staff responsible. My child is generally in good health and I consider him/her capable of taking part in activities that may be available at Y-Play.

In case of emergency or illness whilst away from home, I authorise play leaders from Y-Play to sign on my behalf, any written consent required by hospital authorities should any treatment be considered necessary – provided that the delay required to obtain my signature might be considered, by the doctor, as likely to endanger my child's health and safety.

Signed: ..... Date: .....

I give my permission for my child/ren to be filmed at Y-Play            YES    NO  
I give my permission for my child/ren to be photographed    YES    NO  
I give my permission for the photographs/film to be used for marketing or funding purposes    YES    NO

Signed: ..... Date: .....