



OUT OF SCHOOL CLUB REGISTRATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS & RETURN TO RECEPTION

Child's Name (in full):		Male / Female:	
Date of Birth:		Age:	
Address:		School attended:	
		Post Code:	
Name of Parent / Guardian:		Mr/Mrs/Miss/Ms :	
Full Home Tel No:		Mob No:	
Work Tel No:			
Email Address:			

COLLECTION ARRANGEMENTS

Please detail below any other person(s) authorised to collect your child from club:

Please note that children under the age of 12 must be collected by an adult. If your child is not collected and no contact has been made within 45 minutes, the police will be contacted by staff.

1. Name:		Relationship to Child:	
Mobile No:		Full Tel No:	
2. Name:		Relationship to Child:	
Mobile No:		Full Tel No:	

EMERGENCY CONTACTS

Please detail below any other person(s) authorised to be contacted in an emergency situation:

Name & Relationship:		Mobile No:	
		Full Tel No:	
Name & Relationship:		Mobile No:	
		Full Tel No:	
Name & Relationship:		Mobile No:	
		Full Tel No:	

MEDICAL INFORMATION & ADDITIONAL SUPPORT NEEDS

Please make sure you make the TEAM aware if your child has any medical conditions or additional support needs

Doctor's Name:

Doctor's Address: Tel No:

Does your child have any known illnesses or allergies: Yes No

If yes, please detail:

Does your child have any special dietary requirements? Yes No

If yes, please detail:

Is your Child on any regular medication? Yes No

If yes, please detail:

Does your child require help with administering the medicine? Yes No

Does your child have any particular or additional support needs? Yes No

If yes, please detail:

Does your child have an Individual Educational Plan (IEP)? Yes No
(If yes please provide a copy)

If your child or family have an attached Social Worker, please give their name & contact number:

Is there any food or drink you do not wish your child to have?

Please indicate any activities in which you do not wish your child to participate in:

What games and activities does your child enjoy participating in?

OTHER RELEVANT INFORMATION

Please use the space below to provide any other information you feel may be relevant:

MONITORING INFORMATION

Please indicate ethnic group (as appropriate)

Chinese		English		Greek	
Indian		Irish		Polish	
Scottish		Welsh		Other	

CONSENT REQUESTS

	Yes	No
I consent to my child undergoing any emergency medical treatment necessary during the running of the club.		
I authorise the play staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the Doctor to endanger my child's Health & Safety.		
I consent to my child's photo / video to be taken.		
I consent to my child's photo / video to be used for promotional material and local newspapers.		
I consent to my child being transported to and from school with the GSC minibus or walking with staff.		
I consent to my child having short trips or visits off the premises with the use of the GSC minibus or walking with staff.		

In signing this form you consent to the Garioch Sports Centre holding the information contained in regards to your child and yourself both in hard copy and on our system. Information will only be shared with regulatory bodies or in medical emergencies. You may withdraw your consent at any time, in writing to the OOSC Manager.

A REGISTRATION FORM DOES NOT GUARANTEE A BOOKING. PLEASE REMEMBER TO BOOK YOUR CHILD'S PLACE BY CONTACTING RECEPTION.

TERMS AND CONDITIONS

- Please remember to take your swipe card at all times
- Bookings are **NON REFUNDABLE** but may be transferable to another class
- It is the parents responsibility to update the centre if there are any changes to this form
- By signing this form, you agree to all terms and conditions

Please note that if your application for membership is accepted, this membership form will act as the basis of your contract with the club.

All information provided on this form will remain confidential.

I have read the above consent requests and have marked them as appropriate.
I agree to the Terms and Conditions as detailed.

Signed: _____

Date: _____



FOR OFFICE USE ONLY

Date

- Special dietary requirements noted on Diet Summary Section
- Allergies noted on Allergy Summary Sheet
- Medicine Administration Form completed, where applicable
- Team members instructed in administration of medicine, where required
- Copy of form filed

NOTE ANY CHANGES TO THIS CONTRACT BELOW

Date

Nature of Change



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