

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Personal information – child / young person				
Name				
Address				
Date of birth				
Gender ¹	Male <input type="checkbox"/>	Female <input type="checkbox"/>		Another description (please state) <input type="checkbox"/>
Are there any activities in which your child can not participate?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>		

Personal information – parent / carer	
Name	
Contact number(s)	
Email	

Emergency contact information			
Name of alternative adult to contact in an emergency		Relationship to child / young person	
Contact number(s) of alternative adult			

Emergency contact information 2			
Name of alternative adult to contact in an emergency		Relationship to child / young person	
Contact number(s) of alternative adult			

¹ It is good practice for the question on gender to be optional rather than mandatory.

Medical information		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler)		
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Do they have any allergies?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Are there any dietary requirements (including vegan / vegetarian)?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>

I confirm my registration – child / young person	
Signature	<input checked="" type="checkbox"/>
Print name	
Today's date	

Declaration of consent – parent / carer	
Please tick the boxes below and then sign this form.	
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the organisation / club may act <i>in loco parentis</i> for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.
I am happy for my child's photo to be taken and used in social media posts (no names will be posted)	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature	<input checked="" type="checkbox"/>
Print name	
Today's date	