

HOLIDAY CLUB REGISTRATION FORM

Please fill this in and send it back to vinny@vreesports.co.uk or bring it on the first day your child attends the club.

Contact details for you to save in case you need to get in touch –

Vinny Rees - 07984 352384

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: _____ SCHOOL YEAR: _____

ADDRESS: _____

_____ POSTCODE: _____

ANY KNOWN FOOD ALLERGIES

ANY KNOWN MEDICAL CONDITIONS:

YOUR EMERGENCY PHONE NUMBERS

CONTACT NUMBER 1: _____ WHO: _____

CONTACT NUMBER 2: _____ WHO: _____

EMAIL: _____

FAMILY DOCTOR NAME: _____

FAMILY DOCTOR TEL NO: _____

WHICH DAYS WILL YOUR CHILD ATTEND? (Please circle)

TUES WED THURS FRI

By signing this, I give permission for my child(ren) to take part in the Vrees Sports Holiday Club. I am aware that photos of my child may be taken and used for Vrees Sports promotion purposes only. I also give consent to any medical or dental treatment that may be necessary in event of an emergency and/or if I am not contactable. Please be aware that we will keep these records on file for your future bookings, let us know if you would like us to discard the information after the club has finished.

Signed: _____