

# HOLIDAY CLUB REGISTRATION FORM

Please fill this in and send it back to [vinny@vreesports.co.uk](mailto: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 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)

MON

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: \_\_\_\_\_

