**Plus Camp Registration Form**

Child’s Details Date of Registration:

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| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | Child’s school |

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname | | Title: | First name: | | Surname | |
| Home address: | | | | | Home address (if different): | | | | |
| Does this child normally live at this address? Yes / No | | | | | Does this child normally live at this address? Yes / No | | | | |
| Work address: | | | | | Work address: | | | | |
| Home number: | | Mobile number: | | Work number: | Home number: | | Mobile number: | | Work number: |
| Email address: | | | | | Email address: | | | | |
| Does this person have parental responsibility? Yes / No | | | | | Does this person have parental responsibility? Yes / No | | | | |
| Does anyone else have parental responsibility for this child? Yes / No *(If yes, please provide details overleaf.)* | | | | | | | | | |

# Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

|  |  |
| --- | --- |
| Do you consent to your child having photos taken for marketing and social media purposes? | |
| Any team requests here: | If this is your chid’s first time at camp we would really appreciate you sending us a photo of them so we know who to greet on arrival :) |

**About your child**

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| --- |
| Please detail any additional/special needs your child has: *(continue overleaf if necessary)* |
| Please detail any dietary requirements / food allergies: *(continue overleaf if necessary)* |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| Please state which dates you are wanting to book (please note these dates are not confirmed until payment received |

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All information will be kept confidential in line with our* ***Data Protection Policy*** *and our* ***Privacy Notice****.*