



Soccer Stars Registration Form 2017.18

All children who take part in our activities must be registered

Child's Full Name			
Date of Birth			
Address			
	Post Code		
School			
Name of Parent/Carer			
Tel			
Mob			
E-mail			
Are there any specialist considerations we need to be aware of when working with this child?			
Details			
Emergency contact's name			
Emergency Tel			
Emergency Mob			
How did you find out about this activity?			
I consent to any emergency treatment being given during the session			Yes / No
I consent to plasters being used on my child			Yes / No
I consent to my child being photographed / videoed			Yes / No
Signed		Date	
For office use only:			
Date Entered			
Entered By			
Database updated?	Yes / No	Date	