

**REGISTRATION FORM: JULY 2018 - JUNE 2019**

**CHILD'S DETAILS:**

Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of Birth:	T-shirt size: <small>(Funding Dependant)</small>	Please circle:	7-8 yrs
			3-4 yrs	9-11 yrs
			5-6 yrs	11-12 yrs
First name(s):	Surname:			
Home Telephone No.:	Nationality:			
Current Home Address:	Postcode:			
School Attending <small>(As of September 2018):</small>	Religion:			
Person with parental consent, name & number	Name: Number:	Relationship to Child		
Additional contact name & number in case of emergency	Name: Number:	Relationship to Child		
Email address: <small>Please forward any information on youth club activities. YES/NO</small>	Does your child receive free school meals?		Yes/No <small>(delete as appropriate)</small>	

Doctors name, address, contact number	Contact telephone number:	
	Postcode:	

**FURTHER DETAILS REGARDING YOUR CHILD**

Please tick any of the boxes that you feel may be appropriate to your young person and use the space below to provide as much information that we may require to ensure their health and safety. My child has:

Hearing Impairment <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Long Standing Illness <input type="checkbox"/>
Mental Health Condition <input type="checkbox"/>	Communication Difficulties (i.e. Language) <input type="checkbox"/>	On Medication <input type="checkbox"/>
Physical Impairment <input type="checkbox"/>	Vision Impairment <input type="checkbox"/>	No Disability <input type="checkbox"/>
Allergic Reaction <input type="checkbox"/>	Dietary Requirements <input type="checkbox"/>	Other <input type="checkbox"/>

If you have ticked any of the above boxes or if you feel your child needs support for any other reason, please give us as much information as possible below or request an additional needs support form by contacting the office on the above number.

**CONSENT**

My child is allowed to leave the club/centre unaccompanied? YES  NO

I understand that a variety of activities will take place at the centre & during trips including physical games, sports, personal development and may include use of internet, I give permission for my son/daughter to take part in ALL activities. I understand that good behaviour will be expected during the activities and if my child fails to respect this it may mean they will be unable to attend future events. I understand that this consent gives authority for organised and supervised trips or excursions that may or may not involve transport and consent to photographs and video being taken for publicity use (inc. social media) taken by Oasis and/or organisations that we work in partnership with. CCTV operates and records activities in Oasis and other Centres. It is my responsibility to notify Oasis if any of the above information should change.

Signed: <small>Person with Parental Consent Only</small>	Date:
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