



Normanby Sunshine Club Registration Form



Child's Full Name	
Date of a Birth	
Home Address	
Contact 1, Parent/ Carer's Name Place of Work Contact Number	Home.....Mobile.....Work.....
Contact 2, Parent/ Carer's Name Place of Work Contact Number	Home.....Mobile.....Work.....
Person Who Will Normally Collect Child	
Emergency Contact: Name Relationship to Child Contact Number	Home.....Mobile.....Work.....
Emergency Contact: Name Relationship to Child Contact Number	Home.....Mobile.....Work.....
Additional Information: Health/ Allergies/ Diet Useful Information For Leaders	

**I consent to my Child receiving medical treatment in an emergency.
I understand that Normanby Sunshine Club cannot accept responsibility for children's possessions or valuables whilst they are attending the Club.
I have read and agree to the terms and conditions provided.**

Signed by Parent/ Carer:

Date:

