



Normanby Sunshine Club Registration Form



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

I consent to my Child receiving medical treatment in an emergency.
I understand that the 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:

