

Registration Form

Parent's _____ Name

DOB _____

Address

Mobile No _____ Emergency _____ No

Email

Where did you hear about us _____

Child's _____ Name

DOB _____

Diagnosis:

School

ALLERGIES:

Agreement for Medical Treatment/Updates/Photographs

I hereby consent to my children detailed above receiving medical treatment, if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being attempted.

Please send me regular updates via text messages and/or email. Yes No (please circle)

I give permission for any photographs taken during my children's stay at Spraoi agus Spórt to be used if necessary for promotional purposes by Spraoi agus Spórt. Yes No (please circle)

Parent's/Guardian's Signature

Date

Mobility:



Physical/Sensory:

Toileting/Personal Hygiene:

Personal Safety:

Likes/Dislikes:

Other Relevant Information:
