

# Spraoi agus Spórt Registration Form

Parent's Name \_\_\_\_\_ Gender M F

Address \_\_\_\_\_

Mobile No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Where did you hear about us \_\_\_\_\_

Emergency No \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Child's (1) Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

School \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Child's (2) Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

School \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Child's (3) Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

School \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Child's (4) Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

School \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

**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      .....

<p><b>For Office Use Only</b></p> <p>Reference Number      _____</p> <p>Date details updated      _____</p>
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