



Play Scheme Registration Form

Child's Surname: _____

Child's First Name (s) : _____

Date of Birth: ____ / ____ / ____ Name of Parent/Carer: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

E-mail: _____

Please give full details of any other persons authorised to collect your child:

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Please tick if you would like to receive emails about future children's activities at Chesterton Sports Centre

I consent for my child to attend this programme/scheme; I understand that the programme/scheme has policies and procedures and that there are expectations and obligations relating to both the centre and myself and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardize my child's continued place. I confirm that the information given on all forms is correct and agree to notify the centre staff of any changes in my details.

Signature of parent/carer: _____ Date: ____ / ____ / ____

I give permission for a member of staff to encourage my child to apply sun cream and assist where required.

Signature of parent/carer: _____ Date: ____ / ____ / ____