 **GROW WELLBEING Registration form**

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| **Event/Date** | | **Forest School** |
| **Venue** |  | |

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| --- | --- | --- | --- |
| **Child’s Full Name** | **Date Of Birth (mm/dd/yyyy)** | **Medical Information** | **Dietary needs** |
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| **Home - Street Address** |  |
| **Address line 2** |  |
| **Town/City** |  |
| **Postcode** |  |
| **Parent/ Carer name** |  |
| **Parent/carer Mobile Phone number** |  |
| **Parent/carer email** |  |

**Photo consent**

|  |  |
| --- | --- |
| **Please confirm permission for you and your child/children’s photos and videos to be used for website, social media, advertising and local press.** | **YES/ NO** |

**Medical permissions**

**In the event that medication or medical treatment may need to be administered, please give permission as follows:**

|  |  |
| --- | --- |
| Permission for staff to seek emergency treatment and advice from a medical practitioner | **YES/ NO** |
| Permission, in the event of an emergency, to take affected attendee to see a GP/A&E/ hospital | **YES/ NO** |

**Parental Consent**

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| **Have you read and understood GROW-Wellbeing 's Terms and Conditions?** | | **YES/ NO** |
| Please sign to confirm that you have parental / guardian responsibility of the child named on this registration form and that you confirm that you consent to their full participation in the forest holiday club. | | |
| **Name:**  **Date:** | **Signature:** | |