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## Activity Registration Form

From time to time Fundsport UK and carefully chosen publications may wish to use photographs or video footage for future publicity. If you do not wish your child to be used for this purpose please tick the box

Child's Name:

Date of Birth:

Address:

Postcode:

Ethnicity of Child:

Name of Parent/Carer/Guardian:

Home Telephone Number:

Mobile Telephone Number:

Work Telephone Number:

E-mail:

Venue Attending:

Current School:

## Alternative Contacts (Please Give Two)

Name:

Name:

Address:

Address:

Home Telephone Number:

Home Telephone Number:

Mobile Telephone Number:

Mobile Telephone Number:

Relationship:

Relationship:

## Medical Information

Doctor's Name:

Medical Conditions:

Doctor's Address:

Telephone Number:

Details of any special requirements (Diets, Allergies, Religion, etc):

Additional Information (Including names of persons authorised to collect your child):

**Declaration:** I give permission for my child to attend and participate in the activity sessions:

Name:

Signed:

Date: