

OOSC Holiday Club Registration Form

PLEASE COMPLETE A FORM FOR EACH CHILD

Full Name		Age	
Date of birth		Sex	
Contact Name		Relationship to child	
Address			
Email address			
Home number		Mobile number	
Additional Contact		Relationship	
Mobile number(s)			
Signature <small>to confirm permission for OOSC staff to be in loco parentis.</small>		Date	
Name of Doctor			
Telephone Number / Surgery			
Any Medical Conditions			
Signs / Symptoms			
Action to be taken			
Treatment Required		Administering Medication form required	

I give permission for my child to walk to Olveston Park with Club staff at a ratio of 1:8	YES	NO
I give permission for my child to be photographed for OOSC flyers / posters / website <i>(delete if not applicable)</i>	YES	NO
I give permission for my child to have Boots Soltan Suncream applied	YES	NO
OR I will provide a NAMED bottle of sun cream to be applied	YES	NO
OR I will ensure my child has 'whole day' suncream applied before attending the club on hot days	YES	NO
Parent's signature		Date