



HOLIDAY ACTIVITY REGISTRATION FORM

Child's Name:	Parent / Carer Name:
Address:	Parent / Carer Address (if different from child's address).
Child's Date of Birth:	Home Telephone Number:
Parent / Carer Mobile 'Phone No:	E-Mail Address:
Alternative Emergency Contact:	
Name, Address & Tel. No. of Child's Doctor:	
Any Special Educational Needs / Disabilities*: <i>(*Please ensure you discuss these with the children's activities supervisor prior to booking).</i>	
Previous Childhood Illnesses: Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> German Measles <input type="checkbox"/> Other (State)	

HOLIDAY ACTIVITY REGISTRATION FORM

Any Specific Health Problems:	
Any Medication Used:	
Details of Allergies: <i>Please note early signs or symptoms of reaction including any unusual behaviour traits</i>	
Swimming Ability <i>(in the event that holiday activities include swimming)</i> : <i>Please note that swimming sessions will be for children over the age of 8yrs only and all children will be pool tested at the start of each holiday.</i>	
Ethnic Origin:	Religion:
1 st Language:	2 nd Language:
Other Relevant Information: <i>Please note that we are unable to provide personal care such as toileting in the Superstars Holiday Club. If a child has special requirements, please discuss this with management prior to booking.</i>	
<p>I acknowledge receipt of the Holiday Activity Policies and Procedures and confirm that I understand and agree to the holiday activity conditions of care for my child as applicable.</p> <p>I understand that in an emergency, e.g. a sudden illness or accident, it may be necessary to obtain treatment for my child. I also hereby give consent for the emergency treatment of my child should the need arise.</p>	
Signed: (Parent / Guardian)	Date: