

# SPLAT STAFFS MEMBERSHIP FORM



## Child 1 Details

Full Name: .....

Age: ..... Date of Birth: .....

Address: .....

..... Postcode: .....

## Permissions

Do you give permission for Staff to perform First Aid/Take your Child to hospital in the event of a serious accident? (please tick)  YES  NO

Do you give permission for SPLAT Staffordshire to take photos and publish any images of your Child? i.e. Social Media, Other Marketing (please tick)  YES  NO

Children aged 11 years old and over are allowed to leave the session on their own, with your permission. If your Child is aged 11 years old or over, do you give permission for them to leave on their own? (please tick) **please note, they will not be able to take any younger siblings home with them.**  YES  NO

## Medical Information

Is your Child allergic to Plasters (please tick)  YES  NO

Please list any Allergies: .....

Disabilities/Learning Support Needs: .....

Any Medical Conditions: .....

## Child 2 Details

Full Name: .....

Age: ..... Date of Birth: .....

Address: .....

..... Postcode: .....

## Permissions

Do you give permission for Staff to perform First Aid/Take your Child to hospital in the event of a serious accident? (please tick)  YES  NO

Do you give permission for SPLAT Staffordshire to take photos and publish any images of your Child? i.e. Social Media, Other Marketing (please tick)  YES  NO

Children aged 11 years old and over are allowed to leave the session on their own, with your permission. If your Child is aged 11 years old or over, do you give permission for them to leave on their own? (please tick) **please note, they will not be able to take any younger siblings home with them.**  YES  NO

## Medical Information

Is your Child allergic to Plasters (please tick)  YES  NO

Please list any Allergies: .....

Disabilities/Learning Support Needs: .....

Any Medical Conditions: .....

# SPLAT STAFFS MEMBERSHIP FORM



## Child 3 Details

Full Name:.....  
Age:..... Date of Birth: .....  
Address: .....  
..... Postcode:.....

## Permissions

Do you give permission for Staff to perform First Aid/Take your Child to hospital in the event of a serious accident? (please tick)  YES  NO

Do you give permission for SPLAT Staffordshire to take photos and publish any images of your Child? i.e. Social Media, Other Marketing (please tick)  YES  NO

Children aged 11 years old and over are allowed to leave the session on their own, with your permission. If your Child is aged 11 years old or over, do you give permission for them to leave on their own? (please tick) **please note, they will not be able to take any younger siblings home with them.**  YES  NO

## Medical Information

Is your Child allergic to Plasters (please tick)  YES  NO

Please list any Allergies: .....

Disabilities/Learning Support Needs: .....

Any Medical Conditions: .....

## Emergency Contact 1 Details

Name: .....

Address: .....  
..... Postcode:.....

Email Address: ..... Contact Number: .....

## Emergency Contact 2 Details

Name: .....

Address: .....  
..... Postcode:.....

**Keeping you updated:**  
SPLAT Staffs would like to keep you updated from time to time. How would you like to receive the latest updates and news? (please tick)

Email  Post  Phone  None