

SPLAT STAFFS MEMBERSHIP FORM



Child 1 Details

Full Name:.....

Age:..... Date of Birth:

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

Ethnicity (please tick): White English, Welsh, Scottish, Northern Irish Irish Gypsy or Irish Traveller
 Any other White background – Please state Any other Mixed or Multiple ethnic background – Please state Indian
 Pakistani Bangladeshi Chinese Any other Asian background – Please state Black African Caribbean
 Any other Black background – Please state Arab

If other, Please state your ethnicity.....

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:.....

Ethnicity (please tick): White English, Welsh, Scottish, Northern Irish Irish Gypsy or Irish Traveller
 Any other White background – Please state Any other Mixed or Multiple ethnic background – Please state Indian
 Pakistani Bangladeshi Chinese Any other Asian background – Please state Black African Caribbean
 Any other Black background – Please state Arab

If other, Please state your ethnicity.....

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:

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Child 3 Details

Full Name:

Age: Date of Birth:

Address: Postcode:

Ethnicity (please tick): White English, Welsh, Scottish, Northern Irish Irish Gypsy or Irish Traveller
 Any other White background – Please state Any other Mixed or Multiple ethnic background – Please state Indian
 Pakistani Bangladeshi Chinese Any other Asian background – Please state Black African Caribbean
 Any other Black background – Please state Arab

If other, Please state your ethnicity.....

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