



**REGISTRATION AND CONSENT FORM**

All children who attend All Stars after school club must be registered.  
Children should be collected from the club ONLY by a named adult who will be responsible for signing out the child/children at pick up time. We must have correct contact details of parents/carers of all children registered with All Stars. These will be kept on record and can be accessed in case of emergencies. It is the responsibility of parents/carers to make sure that contacted details are updated.

Child's name in full: \_\_\_\_\_

Date of Birth: \* \_\_\_\_\_

Names of Parents/Carers: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home no: \_\_\_\_\_

Work no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Does your child have any allergies or medical concerns we need to know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please name any adults other than yourself, who will normally be collecting your child from All Stars?

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

If we cannot contact parents in the event of an **emergency**, please give details of two persons who can be contacted on your behalf.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please note we are not party to all the information which the school holds, so please let us know if there is anything you feel we should know (ie: no photographs etc.).

\_\_\_\_\_

\_\_\_\_\_

I consent to any emergency medical treatment that may be necessary during the running of the clubs, including the use of anesthetics.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Children must be aged at least 5 on 1 September 2014*