



# REGISTRATION FORM

<b>PARTICIPANT'S NAME:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Male</b></td> <td style="padding: 2px;"><b>Female</b></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">Enter M or F →</td> </tr> </table>	<b>Male</b>	<b>Female</b>	Enter M or F →	
<b>Male</b>	<b>Female</b>				
Enter M or F →					

<b>DATE OF BIRTH:</b>	<b>AGE:</b>
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**ADDRESS:**

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**POST CODE:**

**PARENT / GUARDIAN NAMES:**

<b>TELEPHONE NUMBER:</b>	<b>MOBILE NUMBER:</b>
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<b>ALTERNATIVE CONTACT NUMBER:</b>	<b>EMAIL ADDRESS:</b>
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**ETHNIC ORIGIN:** Please tick one box [✓]

White:	British	Irish	Other
Mixed:	White & Black Caribbean	White & Black African	White & Asian
Asian & Asian British	Indian	Pakistani	Bangladeshi
Black or Black British	Caribbean	African	Other Black
Chinese or Other	Chinese	Other Ethnic Group	Other Asian

<b>NAME OF DOCTOR:</b>	<b>TEL No:</b>
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**ILLNESS, ALLERGIES &/OR SPECIFIC MEDICAL INFORMATION REQUIRED IN AN EMERGENCY:**

**NURSERY/SCHOOL:**

I agree that no official of 'Gimme5s' can be held responsible for any personal loss of belongings or personal injuries occurring whilst under supervision during the "Gimme 5's" sessions

I agree that my child's photographic image may be included in promotional photography for the programme, but he/she will not be identified by name.

I agree to remain on site during the time my child is taking part in the sessions.

<b>PARENT / GUARDIAN SIGNATURE:</b>	<b>Date:</b>
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