Registration Details

Please complete one form for each child booked onto an activity.

Childs details

Surname _____ **First name** _____

Address _____

_____ **Postcode** _____

Email address (priority Mayhem booking details will be emailed to you if you supply this information) _____

Date of Birth _____ **Age in years** _____

Can your child swim 25m without stopping? *(please circle as appropriate)* **YES/NO**
Do you give consent for your child to have their face painted ? **YES/NO**
Do you give consent for your child to have their photograph taken for the local newspaper **YES/NO**

Emergency Contacts (please give the details of two different people should be contacted in an emergency

	Name	Telephone number	Mobile
Emergency Contact 1			
Emergency Contact 2			

Medical Conditions

1.	Medical conditions e.g. convulsions, epilepsy or diabetes
2.	Recent infectious diseases
3.	Special needs or disability
4.	Please give any information on any allergies e.g. nut allergy

Doctors Details

Doctors Name	Address	Tel No

Consent to Medical Treatment

I give consent to _____ receiving necessary emergency medical and dental treatment and for an anaesthetic to be administered and for an operation to be performed when such treatment is desirable. I understand this will only be used in a situation when I cannot be contacted.

Name of Child _____ Name of Parent or Guardian _____

Address _____

_____ Telephone number _____

Signed _____ Date _____

Parents/guardian signature confirming that you have parental responsibility for the child _____

Parents/guardian signature confirming that the above information is correct _____