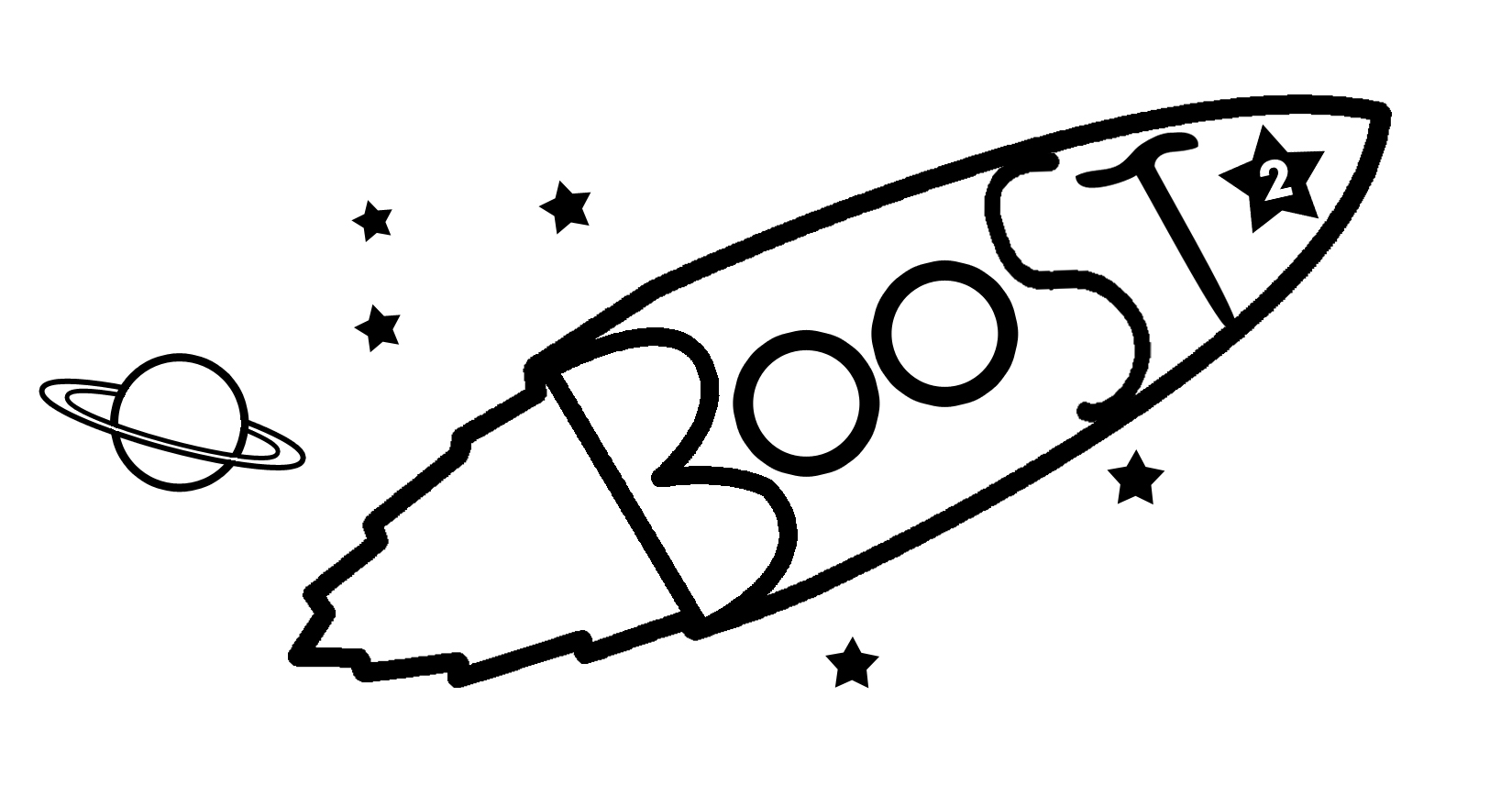
**BOOST REGISTRATION FORM**



Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name to be used at the Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medical information about your child***Please select the statement that you agree with:*

a) My child has **no conditions** requiring medical treatment, including medication.   
  
 My child **has conditions** requiring medical treatment, including medication.

- please give brief details:

1. My child has **no food or other allergies** or special dietary requirements.

My child **has food or other allergies** or special dietary requirements.  
 - please give brief details:

1. My child has **no previous illness or accidents** staff should be aware of.

My child **has had previous illness or accidents** staff should be aware of.  
 - please give brief details:

d) My son/daughter **is not allergic** to any medication?  
  
 My son/daughter **is allergic** to any medication?

- please specify all allergies to medication:

e) **I give** my permission for the staff at BOOST to assist with the application of sun cream to my child in hot conditions

**I do not** give my permission for the staff at BOOST to assist with the application of sun cream to my child in hot conditions

f) When did your son/daughter last have a tetanus injection:

1. I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I **do not agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Please read the following statement regarding the use and storage of this information.   
If you **agree**, please sign and date below.

I understand that the medical information that I have provided about my child will be stored securely and used only by staff. However, it may be necessary to share this information with medical authorities in the event of an emergency. The information is, to the best of my knowledge, accurate at the date signed below.

Signed:………………………………………….………………… Date:……………………………………..

**This information will be stored for the remainder of this academic year and then a further 3 years. In the event of an incident, this information will be stored for 25 years from the child’s date of birth.**

**Contact telephone numbers for the use of Boost before and after school club**

This contact information will be stored securely and destroyed after the pupil has left the school or removed from the Boost register.

**Main emergency contact:**

**Contact name:--------------------------------------------------------**

Home Tel number: ---------------------------------------------------

Mobile or Work Tel number------------------------------------------

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Alternative emergency contact**:

**Contact name:--------------------------------------------------------**

Home Tel number: ---------------------------------------------------

Mobile or Work Tel number------------------------------------------

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Doctor’s Details**

Name of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_

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

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

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

I hereby consent for my child to take up a place at this Club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Club and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child’s continued attendance at the Club.

I confirm that the information given above is correct and I promise to contact the Manager as soon as any of the details change.

I understand there is a non-refundable registration fee of £10.00 per family which should be returned with this completed form.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or comments please get in touch with the club co-ordinator.

All information will be stored securely and confidentially.