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**Registration Form**

**Child’s Details:**  **Date of Registration:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name: | | | Surname: | | | Preferred name: | | | |
| Date of birth and current age: | | | School attended: | | | First Language: | | | |
| **Parent/Guardian details: ( Please provide at least one persons details)** | | | | | | | | | |
| Title: | First name: | | Surname: | | Title: | | First name: | | Surname: |
| Home address: | | | | | Home address (if different): | | | | |
| Does this child normally live at this address?  Yes / No | | | | | Does this child normally live at this address?  Yes / No | | | | |
| Home number: | | Mobile number: | | Work number: | Home number: | | | Mobile number: | Work number: |
| Email address: | | | | | Email address: | | | | |
| Does this person have parental responsibility?  Yes / No | | | | | Does this person have parental responsibility?  Yes / No | | | | |

**Emergency Contact Details** (please provide details of at least one person we can contact if we are unable to get hold of you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
|  | |  |
|  | |  |
| **Additional Information**  Please detail any additional/special needs your child has which are relevant to them participating in the course: | | |
| Please detail any food allergies for your child: (please provide full details) | | |

**Please detail any medical conditions your child has which are relevant to them participating in the courses:**

Sharp Spark recognises the need to ensure the welfare and safety of all young people. As part of our commitment we will not permit photographs, videos or other images of young people to be taken or used without the consent of the parents/guardians.

Sharp Spark will take all steps to ensure images are use only for the purpose they are intended which include the promotion and celebration of the activities of Sharp Spark.

I, consent / do not consent to Sharp Spark photographing or videoing  and I am legally entitled to give consent.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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