Barracudas Application Form

Child's Surname	Forename(s)
Date of Birth	Age
Class & Teacher's Name	
Home Address:	

Parent/Carer Name ……..

Home telephone number……..

Mobile number……..

Work telephone number……..

Email address……..

In the case of an emergency we will contact a parent as stated above, if unavailable, please give two further contact details (ie grandparents, other relatives or close friends/neighbour)

2nd Emergency contact name…… Tel No……

3rd Emergency contact name…… Tel No……

Does your child have any medical conditions of which we should be aware ie asthma, epilepsy, diabetes?

Does your child have any known food allergies? Yes / No
If yes, please give full details.

Please turn overleaf

Any medication needed during session?
Does your child have any special needs?
Will you be collecting your child: Yes / No If no, the name of the person who has permission is…… I give consent for my child to walk home after club yes/no If you give your child consent please state what time you wish your child to leave …….
Name of child's GP surgery and Doctor   Tel No……..
Contract between parent/carer and our school **I agree to:** • **The Barracudas terms and conditions** • **I will support my child/ren in adhering to Barracudas Golden Rules code of conduct** **Signed…….. Date……** **Print name……**