

Castle Club

Surname:	Forename:	
Date of birth:	Male:	Female:
Address:	Telephone:	
	Mobile:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order of preferred contact.

1. Name:	Relationship to child:
Address (Home):	
Address (Work):	
Telephone:	Mobile:
2. Name:	Relationship to child:
Address (Home):	
Address (Work):	
Telephone:	Mobile;
3. Name:	Relationship to child:
Address (Home):	
Address (Work):	
Telephone:	Mobile:

Ethnicity									
Asian or Asian British		Black or Black British		Chinese or other ethnic group		Dual heritage		White	
Indian		Carribbean		Chinese		White & black Caribbean		British	
Pakistani		African		Any other		White & black African		Irish	
Kashmiri		Any other				White & Asian		European (please specify)	
Bangladeshi						Any other		Any other	
Any other									

Please complete reverse of form

Religion:	
Home language:	
Any other information: <i>including any medical needs, health conditions and dietary requirements.</i>	

Medical Practice:	
Address & telephone number:	

Please list all siblings			
Name:		Name:	
Date of birth;		Date of birth:	

I consent to my child using outdoor play equipment.

I agree that my child will be collected by an adult.

Childs name _____

Parent/carer signature _____ Date _____