



ACTIV8 REGISTRATION

Childs Name:			
Parents Name & Home Address			
	Postcode		
Mobile Number:		Home Number:	
Emergency Contact 1 Name:		Number:	
Emergency Contact 2 Name:		Number:	
Additional Information including: <ul style="list-style-type: none"> • Medical Conditions • Allergies • Injuries • Disabilities • SEN Information 			
D.O.B -	Age -	Gender – Male / Female	
If your son / daughter are over the age of 8 years old do you give them permission to make their own way home? Yes / No (delete as appropriate)			
Signed..... Print..... Date.....			