



**Thongsbridge Tennis Club  
Camp Registration Form**

Please provide a password for the collection of child \_\_\_\_\_

**Child's Details**

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Child's full address \_\_\_\_\_

\_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

**Family Details**

Name of parent(s)/carer(s) with whom the child lives \_\_\_\_\_

\_\_\_\_\_

*Contact details 1 (including emergency information)*

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

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

*Contact details 2 (including emergency information)*

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

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

**Emergency contact details if parents are not available** *Emergency contacts must be local*

Contact 1

Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_



Relationship to child \_\_\_\_\_

Contact 2

Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

Person 1

Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person 2

Name \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Details of professionals involved with your child**

GP

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Health Visitor *(if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Allergies**

Does your child suffer from any known medical conditions or allergies, including special dietary requirements? Yes/No *(If yes please provide details)*

\_\_\_\_\_



### Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the club manager (or authorised deputy) for emergency treatment and that health professions are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### For inhaler/epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/epipens or Anapen (supplied by me) to \_\_\_\_\_ (*name of child*). All inhalers and epipens need to be handed into reception upon arrival for safe keeping so the named member of staff can administer it correctly

The named staff are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Sun Cream

I give permission for staff to administer hypoallergenic sun cream (supplied by me) to \_\_\_\_\_ (*name of child*) when necessary and to record its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Photography

I give/do not give permission for \_\_\_\_\_ (*name of child*) to have his/her photo taken as per the following conditions. We may be photographing children during their activities to use as promotional material.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes if they arise

Parent 1 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_