



Please register my child for

Child's full name

Date of birth

School Year

Address

Emergency contact name

Telephone number

Any known allergies or conditions

I confirm the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic, if necessary. I understand that every effort will be made to contact me as soon as possible.

I give permission for my child's image to be taken and used on the URC website/magazine/local press Yes/No

Parent/Guardian's signature

Date

If you would like to receive e-mail reminders please provide your email address:



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