

**Open Day - Registration**

**Name: ………………………………………………………………………………………**

**Gender: Male, Female, Other (please state)………………………………**

**Ethnicity: ………………………………………………………………………………….**

**NHS number: ……………………………………………………………………………**

**Date of birth: ……………………………………………………………………………**

**Address: …………………………………………………………………………………..**

**…………………………………………………………………………………………………**

**…………………………………………………………………………………………………**

**…………………………………………………………………………………………………**

**Contact Details: ……………………………………………………………………….**

**Telephone: ………………………………………………………………………………**

**Email: ………………………………………………………………………………………**

**Emergency Contact**

**Name: ……………………………………………………………………………………..**

**Contact details: ………………………………………………………………………..**

**Medical Details**

**Doctors: …………………………………………………………………………………..**

**Address: …………………………………………………………………………………..**

**…………………………………………………………………………………………………**

**Allergies & Medical Conditions: ……………………………………………….**

**…………………………………………………………………………………………………**

**Please provide consent to the following (this is voluntary)**

**Photographic: Yes/No (please delete as appropriate)**

**First Aid: Yes/No (please delete as appropriate)**

**\*Please note\* - All sessions have been risk assessed for the activities that will take place, however all risk remains and safety remain the responsibility of the parent/carer present during the day.**