**Child’s Details**

**Name**: **DOB**:

**Medical and Disability Information**:

**Other Information:** (If there is any other information about your child that you think we should know, please give details)

**Address**:

**Town**:

**County**: **Postcode**:

**Parent/Guardian’s Details**

**Name**:

**Email Address**:

**Home Tel**: **Work Tel**:

**Mobile**:

Please tick here if you **DO** consent to your child having photos taken for publicity purposes?

**Signed** (parent/guardian) **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_