DASH Registration Form

Childs Name:	
Date of Birth:	
Home Address of Child:	
Email address* (for invoices/newsletters etc)	
Parent/Carer 1 Name	
Address If different from above	
Place of Work	
Work Contact Number	
Mobile Number	
Please sign if you have parental responsibility	
Parent/Carer 2 Name	
Address If different from above	
Place of Work	
Work Contact Number	
Mobile Number	
Please sign if you have parental responsibility	
Name of Emergency Contact: If the parent/carers above are not contactable. This person must be over 16 years.	
Contact Number:	
Relationship to Child	
Agreed Password:	
Food Allergies or Dietary Needs	Yes or No (If yes provide details)
Allergies (other than food):	Yes or No (If yes provide details)

Please turn over

Medical Surgery Address: Surgery Telephone Number:	
Additional Information relevant to supporting care for your child.	
Permissions Emergency Medical Treatment Including First Aid Cooking activities Photographs for website/twitter/printed advertisements	Please circle Yes/No Yes/No Yes/No

I/We (the undersigned) accept full responsibility for the payment of all DASH session fees and confirm that I/We have read and understood the terms and conditions (see separate form):

Name (PRINT) _____ Relationship to Child: _____

Signature _____ Date: _____

Name (PRINT) _____ Relationship to Child: _____

Signature _____ Date: _____