

PAMPERED PONIES - REGISTRATION FORM FOR FUN DAY

DATE:

Child's First Name:	
Child's Last Name:	
Child's date of Birth:	
Sex:	
Special Requirements:	
Medication (if any):	
G.P.'s Name:	
Surgery Name: Surgery Address:	
Surgery Telephone:	

Emergency Contact 1

Full Name:	
Address: Post Code:	
Telephone Numbers: Home: Mobile:	
Relationship To Child:	

Emergency Contact 2

Full Name:	
Address: Post Code:	
Telephone Numbers: Home: Mobile:	
Relationship To Child:	

Medical Attention:

I give permission for my child/ren to be taken to the nearest hospital and to the seeking of any necessary emergency medical advice or treatment to be given in the event that we cannot be contacted.

Signed..... Print
Name

Date...../...../.....

Permissions for Plasters:

Should the need arise, I do / do not give permission for a plaster to be applied to my child/ren. (Please delete where applicable)

Signed..... Print
Name

Date...../...../.....

Permission for Photographs:

Pampered Ponies may take photographs of the children for publicity and marketing purposes. I do / do not authorise photographs to be used for the above reasons. (Please delete where applicable)

Signed..... Print
Name

Date...../...../.....