

Holiday Adventure Day Registration form

NAME OF CHILD:	D.O.B
ADDRESS	
POSTCODE	

TELEPHONE NUMBER:

E-MAIL ADDRESS: For news of our events
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2 EMERGENCY CONTACTS: NAME& NUMBERS
1:
2:

DR NAME, ADDRESS AND TELEPHONE NUMBER
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ANY ALLERGIES, FOOD PREFERENCES, INTOLORANCES, MEDICAL CONDITIONS OR MEDICATION BEING TAKEN?

Any special needs, learning disabilities, and/or other information we should know.
If you would like to discuss this privately with us, please call us on 01865 727378 or speak to a member of our staff in private on the day.

2 APPROVED PEOPLE WHO CAN COLLECT YOUR CHILD AS WELL AS YOURSELF
1.
2.

I AGREE FOR ANY MEMBER OF LASERGAMING TO ADMINISTER FIRST AID IF NECESSARY WHILST AT LASERGAMING TO MY CHILD,AND GIVE MY PERMISSION FOR THIS.

SIGNED.....DATE.....

