

Registration Form



Branch Location: _____

(Please Print Clearly)

Details

Surname: _____

First Names: _____

Date of Birth: _____ Age: _____

Address: _____
_____ Post Code: _____

Parent/Legal Guardian's Name: _____

Contact Numbers: (home) _____ (mobile) _____
(work) _____ (other) _____

PRINT CLEARLY - E-mail Address: _____

(Your email will be added to our mailing account to keep you updated about events, classes and other info)

If Unavailable Please Contact: _____

Relationship to Child: _____

Contact Number: _____ (other) _____

Name and Number of Child's GP: _____

List all known medical conditions, including food allergies and/or drug allergies, as well as any medication being taken:

Any other special needs that may be helpful for the staff to know: _____

During the time your child is at Uplift, photos and videos may be taken for promotional and general purposes to include internal and external publication and Uplift websites. Do we have your permission for your son or daughter's photograph to be taken and used as indicated?

Yes [] No []

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment,

I _____, hereby grant permission for any and all medical attention to be administered to my child in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, the administration of anaesthesia and/or surgery, under the recommendation of qualified medical personnel. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a member of the Uplift staff to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

By signing this form, I, _____, also realise that I am agreeing to not hold Uplift or any of its staff or volunteers responsible for any injuries that my child may sustain while taking part in the Uplift program. I understand that my child is participating in this program at his/her own risk.

Signature: _____ (of parent if child is under 18 yrs old) Date: _____

Printed: _____ Relationship to Child: _____

The information you provide will not be given out or used for any purpose other than for that of Uplift records.

For Uplift Staff Only:

Signature: _____ Date: _____