



# Registration form

Please complete this form and hand in to the Shout! staff

This MUST be completed by a PARENT/GUARDIAN Thank you

Child's Name	Preferred Name (Nickname)
Date of Birth	Male / Female
School Attended	Session Venue
Parent / Guardian Name	Emergency Contact Numbers
Email (for Shout! Out marketing purposes ONLY- <b>please print</b> )	OFFICE USE ONLY: Date email recorded   ---- / ---- / ----
<b>Additional information</b> Please inform us of anything relevant you feel we should know about e.g. medical conditions, additional needs:	
<b>Photographs</b> will often be taken for training and publicity purposes (local press, other council publications and council website). Please tick this box <input type="checkbox"/> if you have NO objections. <b>If you do not want your child's photo taken then please leave this box empty – thank you.</b>	
I hereby give my consent for emergency medical attention to be sought for my child if necessary when attending a Shout! Out session.	
Signed	Date
Print Name	
<b>Valuables</b> We advise that children leave valuables at home since we cannot be responsible for them	

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