



# MOVIE MAYHEM REGISTRATION FORM

## Register by: FRIDAY 16<sup>TH</sup> JULY 2010



<b>Child's full name</b>	
<b>What they would like to be called</b>	
<b>Parent/carers name</b>	
<b>Home address</b>	
<b>Post code</b>	
<b>School attended</b>	
<b>Date of birth</b>	
<b>Age</b>	
<b>Main language spoken</b>	
<b>Names of any friends attending the club</b>	
<b>Names of siblings attending</b>	
<b>How did you hear about the club</b>	
<b>I give permission for my child to have their photo taken/ appear in promotional DVD.</b>	Parents signature:

**Please provide 2 emergency contact tel. numbers:**

Name	Relation to child	Number
1.		Home: Mob:
2.		Home: Mob:

<b>Size of T-shirt</b>	<b>XS</b>	24"-26"	
	<b>S</b>	28"-30"	
	<b>M</b>	30"-32"	
	<b>L</b>	32"-34"	
	<b>XL</b>	34"-36"	

<b>Method of £5 Registration fee</b>	Cash
	Cheque
	Cheques payable to Riverside Christian Centre

Days wishing to attend the club	Yes	No
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**MEDICAL HISTORY**

Has your child had any of the following? Tick the box if they have, leave blank if they have not.

- Asthma or bronchitis
- Sight or hearing impairment
- Heart condition
- Fits, fainting or blackouts
- Severe headaches
- Diabetes
- Allergies to medication
- Allergies to food, pollen, dust
- Other illness or disability
- Anaphylaxis
- Travel sickness

Please give further details if necessary in the box opposite.

**MEDICAL INFORMATION**

Tick the box if they have, leave blank if they have not.

- Has your child had a tetanus vaccination in the last ten years?
- Is your child receiving, or has received, medical or surgical treatment from your doctor or in hospital in the last three months?
- Has your child been given specific medical advice to follow in an emergency?

Please give us any other information regarding your child, that may be of help to the staff including any special needs your child may have that will require 1 to 1 care.

**MEDICATION DETAILS**

Give details, including name and dosage, of any medication your child will need to bring, or is currently prescribed.

Signed..... Date.....

If you would like to discuss medical matters privately or in more detail, please speak to Rosie Le Puill, Children's Pastor.  
Riverside Christian Centre 01392 210146

