

***Please complete fully.
One form required for each club***

Club: _____

Pupil: _____ Class _____

MEDICAL NEEDS – Please detail any specific medical issues or care that may be required:

Collection after the club: (select 1, 2, or 3 and delete as necessary)

My child will be collected by **1.**Parent **2.**Other parent or adult or **3.Y5+Y6 ONLY go home unaccompanied**

I give permission for my child to take part in the above named club.

Signed _____ Parent/Carer

Emergency Contact Number _____

Withdrawing your child: If you wish to withdraw your child from this club please inform the member of staff in writing so that they can be removed from the club register.

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