



SPORT CANTERBURY AFTER SCHOOL PROGRAMME REGISTRATION FORM

CHILD'S INFORMATION

1. First Name:	Surname:	Birth date:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
2.		/ /	/	<input type="checkbox"/> F <input type="checkbox"/> M
Street address:	Suburb:	Home phone no.:	School:	
		()	School phone:	
Booking Type: <input type="checkbox"/> Casual <input type="checkbox"/> Permanent	Venue: <input type="checkbox"/> Avondale <input type="checkbox"/> Opawa <input type="checkbox"/> Redcliffs <input type="checkbox"/> Seaview <input type="checkbox"/> Tuahiwi	Days Attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		
What ethnic group does your child belong to? (Please tick a box or fill in other) <input type="checkbox"/> European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other (please state)				
Photos may be used in the programme i.e. newspaper, pamphlets, posters, on the all etc. I approve/disapprove of my child in photos.				

PARENT/CAREGIVER INFORMATION

Mother/Caregiver Name:	Place of Work:	Work Phone:	Mobile:
Father/Caregiver Name:	Place of Work:	Work Phone:	Mobile:

EMERGENCY CONTACT PEOPLE

Name :	Relationship to child:	Home ph no.:	Work or mobile no.:
Name :	Relationship to child:	Home phone:	Work or mobile no.:

MEDICAL CONDITIONS: *Please list any medical conditions including allergies, and/or dietary restrictions:*

Medical consent form completed

Childs Doctor: _____ Phone: _____

PEOPLE AUTHORISED TO COLLECT YOUR CHILD

Name: _____ Phone: _____
Name: _____ Phone: _____

PERSONAL INFORMATION WE SHOULD KNOW: *e.g. parents separated, dual custody or special cultural or religious needs:*

I give my consent for my child(ren) to play in the school playground. I acknowledge that these activities are possibly (depending on the weather) part of the day to day activities planned for the programme. A sign will be left on the room door informing me where the programme is.

I approve of the above information. I understand that the programme supervisors will exercise due care but will not be liable for any damage, injury or loss, which my child(ren) may sustain. I understand my child will be responsible for his/her own behaviour. I authorise any medical attention urgently required. This information is covered by the Privacy Act 1993 and will be changed or destroyed on request.

Parent/caregiver signature

Date

PLEASE FORWARD TO:

**SPORT CANTERBURY, PO BOX 2606, CHRISTCHURCH
PHONE: 03 373 5060 OR FAX: 387 0284**