| Emergency contact details | | |
|--|--|------------------|
| Please complete this information and return along with the registration form - Emergency contact details | | |
| | | |
| | | (Childs name) |
| | | (Childs address) |
| | | |
| | | |
| Parents/Carers name | | |
| Day time contact number | | |
| Mobile number | | |
| | | |
| Parents/Carers signature | | |
| | | |
