

## Cobham Lacrosse Club - Child's Details

Full Name:	
Date of Birth:	
Age:	
Home Address:	Postcode
Gender	Male      Female

## Parent / Guardian Details

Name:	
Relationship to the child	
Emergency telephone number (Mobile)	

**Care Information:** Please give details of any allergies, illnesses, special needs, dietary restrictions and ADHD etc.


## End of Session arrangements

I undertake to make arrangements to collect this child the end of the session.

Doctors Surgery Address:
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## Medication / First Aid consent

If, in the event of an accident / injury, we were unable to contact the parent / guardian of the child named on the registration form, it may be necessary to administer first aid by a qualified First Aider I:

- Give permission** for a qualified person only, to administer first aid, medication or give emergency treatment to the child named on the registration form.
- Do not give permission** for a qualified person only, to administer first aid, medication or give emergency treatment to the child named on the registration form. Please continue to call me to ask the course of action.

## Code of conduct

1. Staff & coaches are only responsible whilst the children remain on site, and between the specified times.
2. Any participant behaving unacceptably will in the first instance be warned by the coach, but on the second instance the parent will be notified, with the possible outcome of no longer being able to take part in the project.
3. Unacceptable behaviour includes, swearing, deliberately endangering others and disrupting activity sessions, but also includes behaviour that the head coach feels is inappropriate and/or affects the enjoyment of the scheme by other children.
4. **Children will not be able to take part in the project, unless this form is handed to the head coach before the first session.**

## Photo consent

I agree (please tick ✓) to having my child's photograph(s) taken:

I have read and understood all the information above:

Parent/Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_