

CHILD'S /KID'S PLAY REGISTRATION

CHILD'S NAME:

AGE : DATE OF BIRTH:.....

SEX:

DISABILITY or
MEDICAL PROBLEM:

PARENT OR CARER'S NAME:

ADDRESS:

PHONE NO:

E-MAIL ADDRESS:.....

I hereby give permission for the child/children named above to participate in the Child's Play Program. I accept full responsibility for their welfare.

PARENT/CARER'S
SIGNATURE..... DATE.....