



Young people's Registration Form

Please use **BLOCK LETTERS**

Project Name – Buxton Extra Summer 2011

Forename:

Surname:

Gender: (Male/Female)

Age

Ethnicity:

Date of Birth

School / College

Address.....

.....

Postcode..... Contact No.....

Email:

(Please circle the appropriate answer)

Do you consider yourself to have special educational needs or disabled?

Yes

No

(please delete)

EMERGENCY CONTACT, MEDICAL CONDITIONS AND SAFETY

Parent/Guardian name:.....

Emergency Contact No.....

My child will be collected go home alone (please circle)

Dietary requirements or allergies.....

I understand that my child is responsible for his/her own electrical equipment

I understand that my child may be photographed and used for publicity

Signed.....

