

Cardiff Woodcraft : Gwerin y Coed

Contract and Registration Form

All children who attend Cardiff Woodcraft must be registered with us. **It is a condition of your child's membership that you are willing to help out occasionally at the sessions.**

Child's name & surname Age DOB

*Name of parent/ guardian
Home address
Post Code Tel no
Mobile E-mail

*Name of parent/ guardian
Home address
Post Code Tel no
Mobile E-mail
Emergency Contact Tel no
2nd Emergency Contact Tel no
* Names of both parents where appropriate.

I do / do not allow my child to walk home alone or with other children at the end of the session, and will give advance notice if somebody unknown to Gwerin leaders collects my child. (It is the **parent's responsibility** to organize transport to and from the sessions.)

Doctor's Surgery Tel no
Any known medical problems
Any allergies / special or dietary needs

Any additional information

*Some of the routine activities at Gwerin may involve short walks or trips out locally. For your child to take part in these activities we need your consent.
I do / do not agree to my child taking part in the above activities.

***I consent to any urgent medical treatment necessary during Gwerin sessions.**
I authorise staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

*Occasionally photographs are taken that are used for publicity. Please state your consent or otherwise to child appearing in such a photograph.
I do / do not consent to my child's photograph appearing in any publicity material.

I have completed the above to the best of my knowledge and agree to abide by the terms and conditions of this contract.

*Signed Date
Relationship to child Name in capitals.....

* Parental signature needs to be that of whoever has parental responsibility if parents are not married.