

# Cardiff Woodcraft

## Registration & Consent



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 Woodcraft sessions.

### Child's details

Child's name & surname..... Age..... Date of birth.....

### Parent's details (1)

Name of parent/guardian.....

Home address.....

Post Code..... E-mail.....

Phone..... Mobile.....

### Parent's details (2)

Name of parent/guardian.....

Home address.....

Post Code..... E-mail.....

Phone..... Mobile.....

### Medical information

Doctor's surgery..... Phone.....

Any known medical problems.....

Any allergies/special or dietary needs.....

Any additional information.....

### In case of emergency

Emergency contact (1)..... Phone.....

Emergency contact (2)..... Phone.....

### Consent

I consent to any urgent medical treatment necessary during Woodcraft activities.

I authorise Woodcraft leaders to sign any written form of consent required by medical authorities if the delay in obtaining my signature would be considered by a doctor to endanger my child's health.

I *do / do not* agree to my child's taking part in activities that involve short walks or trips out locally.

I *do / do not* allow my child to walk home alone or with other children at the end of the session. I will give advance notice if somebody unknown to Woodcraft leaders is to collect my child.

I *do / do not* consent to photographs, which may be published, being taken of my child at Woodcraft activities,

I have parental authority for the child named in this contract.

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

Name in capitals..... Signed.....

Relationship to child..... Date.....

delete as applicable