



Registration form

Parent/ Carer Surname

Parent/ Carer Forename

Child's Surname

Child's Forename

Child's Date Of Birth

Male/Female

Address (Including postcode)

Home phone number

Mobile Number

Doctors name. Address and phone number

Emergency Contacts we will need a minimum of two people in case of an emergency.

1. Name (Relationship to child)
Tel

2. Name (Relationship to child)
Tel

Does your child have any medical conditions or allergies that the crèche team need to be aware of?

I confirm that I am authorised to give permission to provide consent for the above named participant. I understand that Burn Fitness and The Magical Castle are under no liability in respect of any loss or injury, which they may sustain, other than death or personal injury resulting from negligent acts of its employees or agents. I authorise emergency treatment to be administered if necessary during the session by the appropriate person/people. I consent to photographs being taken during the activity which may be used in any publicity/ promotional material including web pages and all social media websites produced by Burn Fitness or The Magical Castle.

Parent signature

I have had an opportunity to read the Crèche policies and procedures, above terms and conditions And would like to confirm my booking for the sessions agreed.

Parent signature

Date