WHEM GROUP

REGISTRATION FORM – AFRICAN DRUMMING AND DANCE CLUB

NAME OF CHILD:	
HOME ADDRESS:	**POST CODE:**
CONTACT TEL NO::	**DATE OF BIRTH:**
ETHNICITY:	
ANY MEDICAL CONDITION OR ALLERGY:	
IS HE/SHE ABLE TO ADMINISTER HIS/HER OWN MEDICATION?	**YES** ☐ **NO** ☐

NAME OF PARENT/GUARDIAN:	
ADDRESS (IF DIFFERENT FROM ABOVE):	**POST CODE:**
CONTACT TEL NO (HOME):	**MOBILE:**
E-MAIL ADDRESS:	
EMERGENCY CONTACT NAME:	**TEL NO:**
RELATIONSHIP TO CHILD:	
SIGNATURE: ……..	**DATE:** ……

PARENTAL CONSENT:- PLEASE TICK THE APPROPRIATE BOX: **"YES"** IF YOU AGREE THAT YOUR CHILD / WARD ATTENDS THE DRUMMING AND DANCE CLUB OR **"NO"** IF YOU DISAGREE **YES** ☐ **NO** ☐

SIGN: …… DATE:……

FOR OFFICIAL USE ONLY (PLEASE DO NOT WRITE HERE)

DATE REGISTERED: …… REGISTRATION NUMBER: ……

SIGNATURE: …….. DATE: ……

REGISTERING OFFICER: ……

PLEASE RETURN THE FORM FULLY COMPLETED TO

WHEM Group, Bill Salmon Centre, 88 Town Centre, Hatfield, AL10 0JW Tel: 01707262548 Mob: 07832971961
Email: whemgoup5@yahoo.co.uk