



# URBAN KREW REGISTRATION FORM UNDER 18's

Student Full Name: male / female

Date of Birth: Age:

Address:

Post Code:

Parent / Guardian Name:

Home Tel No:

Mobile Tel No:

Email Address:

Date of joining?

In order to monitor our advertising, please could you stipulate how you heard about us?

Does your child suffer from any medical or physical conditions that we should be informed of including asthma, panic attacks, epilepsy, diabetes etc? Please provide details or stipulate 'None' if the answer is No.

Is your child required to take any form of medication (including inhalers) whilst in our care?  
Please provide details or stipulate 'None' if the answer is No.

Does your child suffer from any allergies?  
Please provide details or stipulate 'None' if the answer is No.

Will your child be collected from classes? Yes / No  
Please provide details of individuals who are permitted to collect your child including their relationship. (You will be required to inform us of any amendments to these details)

In the unlikely event that we are unable to make contact with you, please provide alternative emergency contact details below:

Parental signature
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