

Sport and Art Camp Parent/Guardian Registration Form

Childs details
Name:Male/Female
Date of Birth: Age:
Address:
Postcode:
Preferred language:
Contact details
Parent/Carer name:
Contact telephone:
Please provide an alternative contact in the case of an emergency
Name:
Relationship to child :
Contact telephone:
Emergency details
Doctor's name:
Surgery:Tel no:

NOTE: OUR POLICIES AND PROCEDURES CAN BE VIEWED AT ANY TIME. PLEASE ASK FOR A COPY IF YOU WOULD LIKE TO READ THEM IN FULL.

Does yo	our child	d:			(if yes, please pro	vide further de	tail)
-		gies/medical	l conditions		Yes/No		,
 Have ar	ny spec	ific Dietary F	Requiremer	nts (Breakfast Clu	b) Yes/No		
 Γake ar		cation at this			Yes/No		
•		•		•	ct your child or where		uire es/No
idailion	al supp	one (men	uding socia	l and behavioura	difficulties)	ĭ	es/NO
-				•	ersonal data and ke		
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We take your data security seriously and will never sell or swap your details with third parties except where required to do so by law or with your consent. You can withdraw your consent to be contacted at any time by calling 01633 656757 or email enquiries@newportlive.co.uk. Information about how we protect and use your personal data is set out in our privacy policy at newportlive.co.uk/privacy.

This form is available in Welsh