



# Skillz FC Registration Form – Saturday Club

Please complete one form for each child to be registered

Information with a \* must be completed

## Personal details for your child:

Name\*

Date of Birth\*

Home Address\*

Name of Parent/Guardian/Carer\*

Parent/Guardian/Carer mobile number\*

Parent/Guardian/Carer email address

Name, telephone number and relationship of the person to call in the event of an emergency\*

## Health Conditions:

Does your child have any HEALTH CONDITIONS that we should be aware of e.g. allergies, asthma, diabetes, epilepsy\* Yes/No

If YES, please give details below including any current medication (doses and frequency) and any medication or equipment that they should carry with them e.g. inhaler, epipen

## Photographs and Video:

We may from time to time take group photographs or video footage of the Skillz FC sessions for monitoring and publicity purposes. Do you consent to images being taken of your child's involvement in the Skillz FC sessions?\* Yes/No



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## **Additional information:**

**Which of these options best describes your ethnic group?** (please note this information is requested by our funder but you can select the final option if you prefer not to say)

**Please tick one of the options**

- White
- Mixed
- Asian/Asian British
- Black/African/Caribbean/Black British
- Other
- Prefer not to say

## **Impact of the Covid 19 Pandemic**

Which of these options best describes the impact of Covid 19 on your child (again this information will help us to respond to the monitoring required by our funder)

**Please tick one of the options**

- None
- Minor
- Moderate
- Major

Which of these options best describes the impact of Covid 19 on yourself (again this information will help us to respond to the monitoring required by our funder)

**Please tick one of the options**

- None
- Minor
- Moderate
- Major

**Do you have any further comments or other details that may be useful for us?**

Please email your completed form to [skillzfc53@gmail.com](mailto:skillzfc53@gmail.com) or hand to Simon Youd