Youth Performance & Multi Sports Registration Form								
Please select the spor	t and which days you are differnet days we ca						key or rugby on	
	ALF-TERM RGS HIGH WY		MONDAY 18/02	TUESDAY 19/02	WEDNESDAY 20/02	THURSDAY 21/02	FRIDAY 22/02	
	RUGBY PERFORMANCE CAMP HOCKEY PERFORMANCE CAMP							
Child's Name	Parent/Guardian (Primary Contact)	Mo	obile	Home		Other		
		Email						
School	Parent/Guardian (Secondary Contact)	Mo	obile	Home			Other	
School Year		Email						
		Address						
Age	Age							
	Postcode							
			Medical Condi	itions				
Consents Yes or No onsent to the above child having his photo taken and being used in promotional literature on social media								
onsent to the above child walking home to their own at the end of each day onsent to the above child walking home on their own at the end of each day onsent to the emergency 1st aid being administered to the above child by a suitably qualified person if required								
consent to the emergency is a dia being administered to the baove child by a suitably qualified person if required If your child is not walking home please let us know who has your consent to collect them at the end of each day								
			Additional Chi	Idrop				
Please select the sport	and which days you are	attending and com	plete the contact, co	onsent and medical	details below - if cor	tact details are the	same there is no	
	ALF-TERM RGS HIGH WY		need to duplie MONDAY 18/02	TUESDAY 19/02	WEDNESDAY 20/02	THURSDAY 21/02	FRIDAY 22/02	
	BY PERFORMANCE CAMP							
Child's Name	Parent/Guardian (Primary Contact)	Mo	Mobile Home				Other	
	Parent/Guardian	Email						
School	(Secondary Contact)	Mobile		Home		Other		
School Year	Email							
•	Address							
Age	Postcode							
	Postcode		Medical Condi	itions				
			Consents				Yes or No	
consents to the above child having his photo taken and being used in promotional literature on social media								
	cy 1st aid being administ If your child is not wa	tered to the above o	child by a suitably qu			of each day		
	i your child is not wa	iking nome picase i		your consent to con		oj cach day		
			Additional Chi					
	and which days you are		need to duplic	cate			1	
RUGE	ALF-TERM RGS HIGH WY BY PERFORMANCE CAMP		MONDAY 18/02	TUESDAY 19/02	WEDNESDAY 20/02	THURSDAY 21/02	FRIDAY 22/02	
HOCK Child's Name	EY PERFORMANCE CAMP Parent/Guardian		obile	На	ome	Ot	her	
child 3 Manie	(Primary Contact)							
		Email						
School	Parent/Guardian		obile	н	ome	Ot	her	
	(Secondary Contact)							
School Year	Email Address							
Acc	Auditos							
Age								
Postcode Medical Conditions								
			Consents				Yes or No	
consent to the above child having his photo taken and being used in promotional literature on social media consent to the above child walking home on their own at the end of each day								
	cy 1st aid being administ f your child is not wa	tered to the above of	child by a suitably qu			of each day		
	, your cinic is not wa	ming nome pieuse i	and a start and the start and			cy cach day		