**Registration and consent form**

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| **Confidentiality**: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child. |

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| **Personal information – child / young person** | | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
| Date of birth |  | | | | | |
| Gender[[1]](#footnote-1) | Male | Female | Non-binary | | Another description (please state) | |
| Are there any activities in which your child can **not** participate? | | No | Yes – please give details | | | |
| Group required | | Mini Bambinos  (16months-3 years) | | Junior Bambinos  (3- 5years) | | | |
| Where did you hear about Bambino Sports? | | Social Media | Friend Recommendation  (Please state name of friend) | | | Other (Please specify) |

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| **Personal information – parent / carer** | |
| Name |  |
| Contact number(s) |  |
| Email |  |

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| **Emergency contact information** | | | |
| Name of alternative adult to contact in an emergency |  | Relationship to child / young person |  |
| Contact number(s) of alternative adult |  | | |

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| **Medical information** | | |
| Are there any specific medical conditions requiring medical treatment? | No | Yes – please give details |
| Details of medication required (e.g. pills, inhaler) |  | |
| Are there any other medical conditions or disabilities to be aware of? | No | Yes – please give details |
| Do they have any allergies? | No | Yes – please give details |

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| **Declaration of consent – parent / carer** | | |
| Please tick the boxes below and then sign this form. | | |
|  | I give my consent that if an emergency medical situation arises, the organisation / club may act *in loco parentis* for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken. | |
|  | I confirm that coaches from Bambino sports can take photo’s/ videos of my child for advertisement purposes only. If you prefer not to confirm to this please ensure you make us aware of your wishes. | |
| Signature | | 🗶 |
| Print name | |  |
| Today’s date | |  |

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| **Payment Details** |
| When joining Bambino Sports you will be asked to pay our monthly subscription membership fee.  This is an 'averaged' amount based on the number of sessions within that 'academic' year (i.e. September to August) and does not reflect a specific number of session in each month.  Your monthly subscription will remain the same and taken on the 1st of every month whilst you remain a member. If you join mid-month, your monthly fee will be worked out on a pro-rata basis and charged separately to your monthly membership fee. You will then be charged the usual monthly membership fee on the 1st of the following month.  You may cancel your membership at any point by providing 28 days written notice (email only), and no further payments will be collected after the period of notice is complete.  After completing your trial session, you will be emailed the monthly subscription details that include a secure online platform that allows you to set up your monthly subscription. You will also be provided with your one of pro-rata payment link via email if you join part way through a month.  Refunds are not provided for any non-attended sessions.  Please tick to confirm you have read payment terms and conditions provided above. |

1. [↑](#footnote-ref-1)