

**Rock Solid Registration Form 2004**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

School year: \_\_\_\_\_

Telephone: \_\_\_\_\_ Family Mobile: \_\_\_\_\_

Family Email: \_\_\_\_\_

Contact Parent/Guardian: \_\_\_\_\_

Medical conditions, listing any regular medication (e.g. Asthma, eczema, diabetes, allergies)

\_\_\_\_\_

\_\_\_\_\_

Doctor and surgery: \_\_\_\_\_

I as parent/guardian give permission for the person in question to,

Have their photo taken and appear on the web site *yes/no*

Go on any local trips under adult supervision provided prior warning of the activity has been given *yes/no*

Have this information stored in a database *yes/no*

Have a responsible adult act in loco parentis in the event of an emergency where the parent/guardian cannot be contacted *yes/no*