

Souled Out and Souled Out + 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*