BEACH LIFE 2017 REGISTRATION FORM TUESDAY 29th AUG - FRIDAY 1st SEPT

SURNAME	AGE NOW
FIRST NAME	D.O.B
GENDER OMALE OFEMALE	MEDICAL INFO i.e. Allergies, medication, conditions, recent injuries.
PARENT/GUARDIAN NAME(S)	
EMAIL HOME ADDRESS	BEACH LIFE AGE GROUP 0-4s 05-7s 08-10s 011-16s 017-18s ARRANGEMENT FOR LEAVING &
POSTCODE	GOING HOME AFTER ACTIVITIES 0-4s Parent is staying and responsible 5yrs + My child will be collected by:
HOME PHONE	9yrs + My child is allowed to leave the session and walk home.
MOBILE NO	Morning/Afternoon Evening
EMERGENCY CONTACT	HOLIDAY VISITOR, O YES ONO
NAME	ADDRESS WHILST ATTENDING BEACH LIFE
O FRIEND O RELATIVE	
PHONE NO	PHONE
don't share it with any other outside agency or organisa	urches, for the purpose of advertising their events, but we
	each Life events. Ou do not want us to use your information in this way.
Ve will be taking photographs and video footage at som he event on our website and in literature.	ne Beach Life sessions. We will be using these to promote ant us to images / video of your child for this purpose.
PARENT/GUARDIAN NAME	Please put any other relevant information on the reverse of this registraion form.
SIGNED	Please return to: Sheringham Primary School/Sheringham High School before the end of term or 3 Heath Road, Sheringham, NR26 8JH. (At any time before the event.)