

## REGISTRATION FORM

Please complete this form and hand in to the Play Rangers. This **MUST** be completed by a PARENT/GUARDIAN

Thank you

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Child's Name Preferred Name (Nickname)

Date of Birth Male / Female

School Attended Session Venue

Parent / Guardian Name

Emergency Contact Numbers

Email (for Play Ranger marketing purposes ONLY- **please print**)

### Additional information

Please inform us of anything relevant you feel we should know about e.g. medical conditions:

**Photographs** will often be taken for training and publicity purposes (local press, other council publications and council website). Please tick this box [ ] if you have NO objections. **If you do not want your child's photo taken then please leave this box empty – thank you.**

I hereby give my consent for emergency medical attention to be sought for my child if necessary when attending a Play Ranger session.

Signed

Date

Print Name

**Valuables** We advise that children leave valuables at home since we cannot be responsible for them

**Volunteers** Parents / Adults who would like to volunteer within Play Ranger sessions are welcomed, regular volunteers will be required to go through the DBS process

*Amanda Pick* Play and Youth Development Officer 07799 133608

email: [playrangers@guildford.gov.uk](mailto:playrangers@guildford.gov.uk)

[www.guildford.gov.uk/playrangers](http://www.guildford.gov.uk/playrangers)

OFFICE USE ONLY: Date email recorded -