

## Central Barnet Woodcraft Folk Registration Form

**Name of group:**

Name of Child			
Address			
		Postcode	
Telephone		Date of Birth	
Email Address			
Contact on Fri pm			
Relationship to child			
Address if different from above			
Telephone			

Medical conditions and other info you wish us to know, including diabetes, allergies, asthma, disabilities, etc

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**Declaration:** I acknowledge that the Woodcraft Folk is only responsible for my child during the hours of ..... on Friday evenings and only if two responsible adults are present. I will not leave my child until two responsible adults are present.  
 I (or an appointed adult) will be waiting outside the hall to collect my child when group finishes .  
 OR I give permission for my child to make their own way home after group night and acknowledge that I am responsible for them after they leave the hall.  
 In case of emergency and should the responsible adults be unable to contact me for any reason, I authorise them and medical staff to act on my behalf, knowing I shall be informed as soon as possible.

Name			
Signed			
Date			