



## Q-B CLUB REGISTRATION FORM

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

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

Home No: \_\_\_\_\_ Mob No: \_\_\_\_\_

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

### Emergency contact information

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

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

Home No: \_\_\_\_\_ Mob No: \_\_\_\_\_

### Medical information

Does your child have any medical conditions/allergies/dietary requirements?

\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Can they self-administer the medication? Yes/No

If no please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be kept updated on our current and future services and events? Yes/No

### Data protection

As per General Data Protection Regulation (GDPR) all individuals and companies are required to provide consent for their information to be process and stored. If you consent to your information being stored by the Carroll Centre, please sign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_