



Baltimore, West Cork. 028 20622. info@baltimorepool.ie

REGISTRATION FORM

Parent/Guardian Name: _____

Address: _____

Mobile No.: _____

Emergency No.: _____

Email Address: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Does your child have any medical condition or allergies that our staff should be made aware of?
Please specify:

Does your child take any medication? Yes No

If yes, please note that staff cannot hold or administer medication. We ask you to stay on the premises for the duration of the lesson.

Do you give consent for first aid to be administered to your child and, when deemed necessary, for your child to be conveyed by ambulance, car, or other means to a doctor or hospital?
Yes No

Due to Child Protection Policy, staff cannot supervise in the changing rooms and are only responsible for children when they arrive on the wet deck. Please remain to supervise your child in the changing rooms before class and meet them again afterwards.

I declare that I have read this form and that all the information above is true and correct.

Signed: _____ Date: _____