

Trapped in Zone One

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www.trappedinzoneone.com

Registration Form

Please complete the following details in full

Young Person Details

Full name:	
Any other names known by:	
Date of Birth:	Age:
Gender:	
Home Address:	
Post Code:	

Parent/Guardian Details

Title:	First name:	Surname	Title:	First name:	Surname:
Home address:			Home address (if different):		
Work address:			Work address?		

Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does anyone else have parental responsibility for this child? Yes / No (if yes please provide details)					

Emergency Contact Details

Please provide details of two people we can contact if we are unable to get hold of you)

Name:	Phone number:	Mobile Number:
Address:		Relationship to child:
Name:	Phone number:	Mobile Number:
Address:		Relationship to child:

About Young Person

Please detail any additional/ special needs your child has (please include details if appropriate of Early years action/School Action/plus, an assessment or statement of special educational needs)
Does your child have any long-term health conditions?

Please detail any dietary requirements/ food allergies for your child:
(please provide full details)

Disability:

Mental Health	Deaf / Partially Deaf	Physical	Dementia including Alzheimer's	Blind / Partially Sighted	Learning	Other

Ethnicity:

White - British	
Irish	
Traveller of Irish Heritage	
Turkish / Turkish Cypriot	
Greek / Greek Cypriot	
White Gypsy	
White European	
White Other	
Mixed White & Black Caribbean	
Mixed White & Black African	
Mixed White & Black Asian	
Any Other Mixed Background	
Black / Black British African	
Black / Black British Somali	
Black / Black British Caribbean	
Black / Black British Other	
Asian / Asian British Bangladeshi	
Asian / Asian British Pakistani	
Asian / Asian British Indian	
Asian / Asian British Other Asian	
Other Vietnamese	
Other Chinese	
Any Other Group	

Emergency Medical Treatment Consent

Please complete in BLOCK CAPITALS

Childs Name:

As Parent/Guardian of the above-named child I:

Know of no medical or other reason why he/she should not participate in the activities.

Parent/Guardian Signed:

Name (IN BLOCK CAPITALS):

Date:

Photography Consent

On occasions we may have photographs taken of your child and used or published in the following: Please delete whether you Agree/Do Not Agree.

Press/Local Paper Agree/Do not Agree

Website Agree/Do Not Agree

Social Media Agree/Do Not agree

Promotional Leaflets Agree/Do Not Agree

Please complete in BLOCK CAPITALS

Childs Name:

As Parent/Guardian of the above-named child I:

Give my permission for my child to participate in any photographs which I have agreed to above.

Parent/Guardian Signed:

Name (IN BLOCK CAPITALS):

Date:

All information will be treated in confidence. If you wish to discuss any matter privately, please contact hello@trappedinzoneone.com