



Office Address: 234 Weddington  
Road, Nuneaton, CV10 0ER  
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## Children's Registration Form

**Location of Camp**.....

### **Dates of Camp**

**Dates and times required:**

**TOTAL OF DAYS REQUIRED:**

### Child's Information

**Name of Child**..... **Date of Birth**.....

**Address**.....

.....**Post Code**.....

**School Attended**.....

**Medical Details we need to be aware of**.....

**Photograph permission** (Photographs maybe used for marketing material) **Yes / No**

### Parents Information

**Name of Parent**.....

#### **Contact Numbers**

**Mobile**.....

**Home**.....

**Work**.....

**Email**.....

**For our market research: how did you hear about My**

**Activities**.....

I acknowledge and accept that 'My' Activities and the organisers providing the facility are not under any liability whatsoever in respect of personal loss or damage caused whilst my child is in attendance of the camp. By returning this form i give permission for my son/daughter to take part in the course and i agree to My Activities terms and conditions

**Signature**.....**Print**.....**Date**.....

Please return to: My Activities, 234 Weddington Road, Nuneaton, CV10 0ER