

Registration Form

Name of the child _____

Date of birth _____

Address _____

Telephone _____

Email _____

Phone number for urgent cases _____

I sign up my child for the following courses:

	Date	Course	Costs
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Total Costs: _____

My child is allowed to walk home by himself yes no

Declaration

During the courses I transfer the supervision of my child to the group leader. I am aware that the organizer or the community of Gundelfingen is not liable for any damage or accident.

I am aware that the group leader may stop the attendance of my child at my own expense, if he or she behaves in a way that may endanger him/herself or other children.

I do **not** agree that pictures of my child may be published

Health Questionnaire

Glasses: yes no

Allergies:

Insects yes no

Hay fever yes no

Other allergies _____

Medicaments:

Our child takes regularly medicaments yes no

If yes, name of medicament: _____

Vaccination:

Tetanus yes no

FSME (ticks) yes no

Blood group (if known) _____

Food:

Food intolerance yes no

If yes, against _____

Vegetarian yes no

Other special features (e.g. asthma, hyperactivity etc.)

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Date, signature of parents