

# REGISTRATION FORM

Please complete this form and hand it to the relevant club / Creche Manager on your first session in order to provide safe and fun environment for your child there are some details we need to know.

Child's Name : \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Language (s) Spoken : \_\_\_\_\_

Parents (s) Names (s) : \_\_\_\_\_

Contact Telephone No : \_\_\_\_\_ Country of  
(Including country code) Residence \_\_\_\_\_

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

Hotel : \_\_\_\_\_ Room No. : \_\_\_\_\_

Arrival Date : \_\_\_\_\_ Departure Date: \_\_\_\_\_

In the event that one of the above named parents cannot collect the child, the named person / people bellow has my permission to collect the child ( must be at least 16 years old )

Names (S) : \_\_\_\_\_

Password) : \_\_\_\_\_

( will be request at every pick up )

(please circle as appropriate below)

Does you child take any sort of medication that we should be aware of ? : yes No  
Does your child have any allergies that we should be aware of ( example : face paints, plasters or food ) : yes No  
Does your child have any other medical or additional needs that we should be aware of ? : yes No

if you have answered yes to any of the above, please complete a **medication form**.

Are you happy for your child to participate in club swimming activities ? : yes No  
Does you child require a swimming aid to swim ? ( armbands / Float Suit ) : yes No  
Can you child swim independently ? : yes No  
My child's attitude to swimming is : Not Confident Fairly Confident Confident  
My child can swim independently for : 0 metres 5 metres 15 metres 25 metres

**By signing below I agree that my child can partake in the planned club activities, and confirm I have read and understood the clauses below.**

In the unlikely event of sudden illness or an accident affecting your child, it is understood that childcare staff will endeavour to contact you immediately. I agree / disagree ( please delete as appropriate ) to emergency treatment including any operative procedure and/or administration of general anaesthetic to my child in the event that I cannot be contacted or arrive on the scene of the accident before Emergency services need to take action.

Grand Mirage Resort endeavours to provide varied, fun, safe and physically active programmes for children of all ages. Obviously in any activities , accidents can occur. Grand Mirage Resort have a strict accident procedure to ensure all parents are fully informed of any accidents involving their child(ren). Grand Mirage Resort cannot be held liable for any costs incurred in seeking treatment recommended by a doctor following an incident, unless this was a direct result of negligence. These costs would need to be claimed via your family's travel insurance.

Please note that for the Safety and welfare of all the children. Grand Mirage Resort regrets that ill children cannot be accepted in to the club and **the Creche / Club Managers reserve the right to refuse admission to a child if they believe they are ill or infectious. Before rejoining the club after illness, you may required to sign a declaration that your child is fit and healthy and can take part in the full programme.**

Grand Mirage Resort Kids Club will not accept a child whose behaviour is antisocial or puts at risk their own safety or that of others.

(please tick) I give permission for my child to be photographed and or filmed for displays around the club setting and publicity purposes by the hotel.

Parent signature: \_\_\_\_\_

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