# SARABI KIDS

## Child Registration and Consent Form

Welcome to Sarabi Kids. Please complete this form as fully as you can. What you tell us here is what lets us keep your child safe, recommend the right starting area and stay in touch with you. Everything on this form is handled in line with our Privacy Notice, which you can ask us for or read at www.sarabikids.com.

### SECTION A · Your child

Full name _____

Date of birth _____

Age _____

Sex (optional) ☐ Girl ☐ Boy ☐ Prefer not to say

Kit size ☐ Small ☐ Medium ☐ Large

School (optional) _____

### SECTION B · Parent or guardian

**Parent or guardian 1**

Full name _____

Relationship to child _____

Mobile number _____

Email address _____

**Parent or guardian 2 (optional)**

Full name _____

Relationship to child _____

Mobile number _____

Email address _____

### SECTION C · Emergency contact

Someone we can reach if we cannot reach you.

Full name _____

Relationship to child _____

Telephone number _____

## SECTION D · Authorised to collect your child

| Name | Relationship | Telephone number |
|---|---|---|
| | | |
| | | |
| | | |

Children are released only to the people named here, unless you tell us otherwise in writing. We may ask for identification.

## SECTION E · Transport

Do you need transport from a pick-up point?

☐ No, we will drop off and collect ☐ Yes, please ☐ Not sure yet

Pick-up details are shared only with the driver and the adult accompanying that route.

## SECTION F · Medical information

This is sensitive information. We collect it only to keep your child safe, and only the people responsible for your child on the day can see it.

Does your child have any medical condition? ☐ Yes ☐ No

If yes, please explain

_____

Does your child have any allergies? ☐ Yes ☐ No

If yes, please explain

_____

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, please explain

_____

Any physical limitation or injury we should know about? ☐ Yes ☐ No

If yes, please explain

_____

Family doctor, name (optional) _____

Family doctor, telephone (optional) _____

## SECTION G · Emergency medical treatment

If there is an emergency and you cannot be reached, I authorise Sarabi Kids to seek appropriate medical treatment for my child, including transport to the nearest hospital or clinic, at my cost.

☐ Yes ☐ No

## SECTION H · Photographs, video and recordings

May we use photographs, video or recordings of your child? Answer each one separately. You may change your mind at any time in writing, and your child's place does not depend on your answers.

| Use | Yes | No |
|---|---|---|
| Our website | ☐ | ☐ |
| Our social media | ☐ | ☐ |
| Printed promotional material, such as flyers and banners | ☐ | ☐ |
| Recordings of online sessions | ☐ | ☐ |

Recordings stay inside Sarabi Kids unless you have also said yes to our website or social media. We tell everyone at the start whenever a session is being recorded.

## SECTION I · Staying in touch

May we contact you about future seasons, new activities and Sarabi Kids news?

☐ Yes, by WhatsApp or SMS ☐ Yes, by email ☐ No, thank you

You can stop these at any time.

How did you hear about Sarabi Kids?

☐ Social media ☐ Word of mouth ☐ School ☐ Church ☐ Mall or event ☐ Other _____

## SECTION J · Anything else

Is there anything you would like the coaches and mentors to know about your child, including any device or supervision needs for online sessions?

_____

_____

_____

## SECTION K · Declaration

I confirm that:

- The information in this form is true and accurate to the best of my knowledge.
- I will tell Sarabi Kids if any of it changes.
- I understand that physical activity and outdoor challenges carry an inherent risk of injury.
- I have read the Sarabi Kids Privacy Notice and understand how my child's information will be handled, including that I may withdraw any consent I have given here at any time.
- I am the parent or legal guardian of the child named in Section A and am entitled to give these consents.

Parent or guardian name _____

Signature _____

Date _____

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