

Reading & District Angling Association
Angling Instruction Programme
Registration Form (Please fill out one form per child)

1. Child's Name
Date of Birth Age Male / Female
2. Name of Parent or Guardian
Address of Parent or Guardian
..... Telephone No.
3. Contact Point in Working Hours (Company name and Telephone number)
Mother Father
(Telephone) (Telephone)
Emergency contact i.e. Neighbour, Relative etc.
..... Telephone
4. Doctors details
.....
5. Does your child have any special needs:
Disability
Diabetic (Non insulin dependent) or (Insulin dependent....) please tick
Allergies
Behavioural
Other

CONSENT. I consent to any emergency medical treatment necessary during the course of instruction. I therefore authorise the Tutor(s) to sign on my behalf, any written form of consent required by hospital authorities, should the delay required to obtain my signature be considered by the Authority concerned likely to endanger my child's health and safety.

I, the Parent/Guardian have completed this form accurately to the best of my knowledge, give the consent required, and fully understand why this is necessary.

Signed Date
(Parents / Guardians)

Please return to :- Mr A. Hughes 217 Beech Lane, Earley, Reading, RG6 5UP
or by e mail to alan@rdaa.co.uk