



Registration-Medical Form

Name.....Telephone.....

Address.....

Date of Birth.....

Emergency Contact No.....

Name and Address of Contact.....

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Allergies.....

Treatment which should NOT be given.....

Any other relevant medical information.....

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I hereby give permission for the child named above to participate in all Young Killie activities and to receive basic first aid if necessary. I accept full responsibility for his/her behaviour while under the supervision of The Young Killie Committee. The Young Killie does not accept any responsibility for the loss or damage of personal belongings.

Signature of Parent/Guardian.....Date.....