

# REGISTRATION FORM

Bright Sparks Events

Rear Office, 33 Northcourt Road  
Abingdon, OX14 1PJ

To book your child a space, please complete the form below and post to the above address with payment. Spaces fill up very quickly, so to avoid disappointment, we recommend calling our office first to check availability.

Payments – Cheques are payable to 'Bright Sparks Events – please write the child's name on the back.

Online banking / BACS - Sort Code: 16-10-15. Account No: 10983794.

For more information about the workshop please visit our website: [www.brightsparksscience.co.uk](http://www.brightsparksscience.co.uk).

## Medical information and consent to be provided

So that we can run the workshop safely and securely, we ask parents/guardians to fill in a medical consent form. All information is kept secure and confidential. All staff are asked to go through relevant DBS checks and have agreed to the company's child protection policy. At least one Paediatric First Aid Trained member of staff will be present at all times.

Which venue?		What dates?	
Name of Child:		Gender:	
D.O.B:		Age on day:	
Home Address:			
Parent/Guardian Name:		Relationship to child:	
Emergency contact number 1:		Emergency contact number 2:	
Email Address:			
Person collecting the child on the day:		Relationship to child:	
<b>Medical Information for your child. (if you circle 'Yes' – Please provide details)</b>			
Any medical conditions or disabilities?	Yes -	No	
Any special educational needs or behavioural issues?	Yes -	No	
Any allergies or dietary requirements?	Yes -	No	
Family Doctor and Practice Name:			
<b>Consent information (Please tick if you give consent)</b>			
I give my consent that if an emergency medical situation arises, Bright Sparks may administer first aid and/or medical treatment which in the opinion of a qualified medical practitioner may be necessary. <input type="checkbox"/>			
Bright Sparks Events may wish to take photographs of today's workshop activities for training and promotional purposes. We therefore would like your consent for the images of your child(ren) to be used for these purposes. We will not share the images taken or any other information about your child with other organisations or use it for any other purpose than as explained above. Please tick the box below if you give consent for the images to be used in publicity and publications relating to the company. <input type="checkbox"/>			
Signature of Parent / Guardian:		Date:	