



## **ASCP Registration Form**

### **Personal details**

Student First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Parent/ Guardian Contact: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Doctor Contact number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Start date :   /   /                      Staff Member: \_\_\_\_\_

### **Payment options**

Payment Received: \_\_\_\_\_                      Amount Paid \_\_\_\_\_                      Date:   /   /

### **Is your Child:**

Walking home

Being collected

### **Disclaimer**

I the parent/guardian \_\_\_\_\_ on behave of my child I give my consent for my child to participant in sports and activities offered by Mitchelstown Leisure Centre.

Parent/guardian name: \_\_\_\_\_ Staff name: \_\_\_\_\_ Date:   /   /