



REGISTRATION FORM AND HEALTH CHECK

**Please fill in the form and give it to the Manager of Club Piou-Piou on the first day of activity.
Obligatory document in proof of birth.**

CHILD

Family Name* :

First Name* :

Date of birth* :

Medical information (health difficulties, illnesses requiring management, need for assistive devices such as corrective glasses or hearing aids, allergies, ...):

Obligatory vaccinations DTTP, Whooping Cough, BCG, etc): yes no *Obligatory notebook of vaccination*

Any health recommendations from parents:

PARENT OR CARER

Family Name* :

First Name* :

Address during your stay* :

Home Address* :

Mobile phone *(obligatory)** :

Other people allowed to pick up your child:

1°

2°

Email address:

@

**Obligatory Mentions*

I authorise de Méribel ESF to use all pictures and films for communication supports (print, digital,etc) without requesting financial compensation.

I, _____, legally responsible for the above-named child, declare hereby that information on this document is correct, and authorise de Manager of Club Piou-Piou tin undertake or consent to on my behalf, any necessary first aid or medical measures (medical treatment, hospitalisation, surgical intervention, etc) deemed necessary by the child state of health and well-being, including taking the child out of the club for medical attention should this be necessary.

Date* : _____

Signature* :