



CLUB PIOUS-PIOUS CHILD



REGISTRATION FORM AND HEALTH CHECK

Please fill in the form and give it to the manager of Club Mini Piou-Piou on the first day of activity. Proof of age must be provided.

CHILD

UNDER 4 YEARS OLD

OVER 4 YEARS OLD

First name:

Last name:

Date of birth:

Medical information (health difficulties, illnesses, food allergies, need for assistive devices such as corrective glasses/hearing aids, etc.):

Obligatory vaccinations DTTP, Whooping Cough, BCG, etc.: yes no

Any recommendations from parents: (soft toy, nipple, sunscreen, etc.)

PARENT OR CARER

First name:

Last name:

Address during your stay:

City, country of residence:

Mobile phone *(obligatory)*

Mother:

Father:

Other people allowed to pick up your child:

1°

Tel. :

2°

Tel. :

E-mail address:

@

I authorise ESF Méribel 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 the information on this document is correct. I authorize the manager of the Club Mini Piou-Piou to undertake or consent to on my behalf any first aid or medical measures (medical treatment, hospitalization, surgical intervention, etc.) deemed necessary by the child's health conditions and well-being. I also authorize to take the child out of the Club Mini Piou-Piou for medical attention should this be required.

Date:

Signature: