



**Right Here
Right Now**

REGISTRATION FORM

CHILD'S NAME:

AGE:

ADDRESS:

ADULT'S NAME: _____

RELATIONSHIP TO CHILD: _____

MOBILE: _____

SIGNED: _____

**DOES YOUR CHILD/WARD TAKE ANY MEDICATION OR
HAVE ANY ALLERGIES? PLEASE GIVE DETAILS:**

EMERGENCY CONTACT:

PHONE: _____

AT RHRN WE SOMETIMES TAKE PHOTOS/VIDEO FOR USE ON THE DAY OR TO PROMOTE THE EVENT. PLEASE TICK BOX IF YOU DO NOT WANT PICTURES/VIDEO TAKEN OF THIS CHILD.