



**ICKNIELD WALK FIRST SCHOOL  
HIGH FIVES CLUB**

**Monday After School – 4.30 pm**

**Registration Form**

**Child's Name and Class:.....**

**Parent/Guardian Home Tel Number:.....**

**Mob. Telephone Number:.....**

**Additional Emergency Number:.....**

**E-mail Address:.....**

**Please advise of any medical condition your child may have:.....**

.....

.....

**I/we consent to Susy Hallewell or Carol Parcell administering first aid to the above named child as required during the after school club. If any of the above contact details change I will inform the above named coaches.**

**Signed:..... Parent/Guardian**

**Print name:..... Date:...../...../.....**

*Please check the school newsletters for dates when the club is running. In the event of short notice cancellation we will contact you by school text message or e-mail.*

*For more information please contact [susyh@btinternet.com](mailto:susyh@btinternet.com) or [carol.parcell@talktalk.net](mailto:carol.parcell@talktalk.net)*