**Please complete the following sections, sign, and return.**

|  |  |
| --- | --- |
| **Attendee details** | |
| Name: | Telephone number: |
| Age: | Date of birth: |
| Gender: | Email Address: |
| Address: | |
| Medical conditions/Allergies(If any): | |
| Please provide details of medication that must be administered (If any): | |

|  |  |
| --- | --- |
| **Parent/guardian/carer details** | |
| Name: | Telephone number: |
| Address (If different) | |
| Email address: | |
| Family Doctor: | Doctor’s telephone number: |

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| --- | --- |
| Emergency contact details: (if different from those already provided) | |
| Name: | Telephone number(s): |
| Relationship to child: |  |

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| **2. Tell us about your wildlife interest and/or your favorite wildlife experience.** |
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| **Please answer the following questions** Please add as much detail as you can. (continue on another page if necessary) |
| **1. Why are you interested in joining our wildlife club?** |
|  |

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| --- |
| Please ask a parent or guardian to approve your participation:  **Parent/Guardian Name**:  **Parent/Guardian Signature**: |
| Please email your responses to: emilylouise@wildnewforest.co.uk |

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| --- |
| I/we confirm that we consent to images of the attendee/s participating in events being taken and published via our social media networks.  No    Yes  I/we confirm that we consent to joining the Wildlife Explorers WhatsApp group (The group will be moderated by group leaders)  No  Yes |