



The Scottish Burned Children's Club

Child Registration Form

[Please print/ write clearly]

Child Applicant Details

First Name(s):

Last Name(s):

Address:

Town:

Region:

Post Code:

Contact Phone number: Mobile:

Contact Email Address:

Date of Birth: Date of injury:

Details of injury:

Child Applicant's Hobbies & Interests

Please let us know your favourite hobbies/ interests. Such as sports/ football teams/ skills, etc.

Parent(s)/Guardian(s) Details / Contact Details

First Name(s):
Last Name(s):
Relationship to child :.....
(tick here if address same as child)
If different please provide details below
Address:.....
Town:
Post Code:
Home Phone:
Mobile:
Email:

First Name(s):
Last Name(s):
Relationship to child
(tick here if address same as child)
If different please provide details below
Address:
Town:
Post Code:
Home Number:
Mobile Phone:
Email:

For events, would you prefer to be contacted by post or email?:

Child Applicant's Sibling(s) Details: (please print clearly)

Brother or Sister

Name:_____	D.O.B: _____	Relationship: _____
Name:_____	D.O.B: _____	Relationship: _____
Name:_____	D.O.B: _____	Relationship: _____
Name:_____	D.O.B: _____	Relationship: _____
Name:_____	D.O.B: _____	Relationship: _____
Name:_____	D.O.B: _____	Relationship: _____
Name:_____	D.O.B: _____	Relationship: _____

Application completed by: [Parent/ Guardian]

Name [please print]:
Signature: Date:

Please send your completed form to: SBCC, PO Box 1950, Livingston. EH54 6YR.