



Stitch Lab Extra-Mural Activity Registration Form

Child's Details:

- Name: _____
- Age: _____
- Grade: _____

Parent/Guardian Details:

- Name: _____
- Contact Number: _____
- Email: _____

Stitch Lab

Consent:

I, _____, give permission for my child to participate in Stitch Lab. I understand the nature of the activity and acknowledge any potential risks (e.g. needle use).

Signature: _____

Date: _____

Medical Info:

- Medical conditions or special needs: _____
- Allergies (to fabrics, etc.): _____
- Emergency contact: _____

Additional Info:

- My child has experience with needlework: Yes/No
- My child has any physical limitations: Yes/No (please specify) _____
- Does your child have their own basic stitching kit? Yes/No