



Ffurflen cofrestri/Registration form

Mae'r wybodaeth a roddwyd ar y ffurflen hon yn gyfrinachol, a ni chaif ei rannu gan neb ond staff Actifiti. The information shared on this form is confidential, and will not be shared with anyone other than Actifiti staff.

| | | | |
|--|------|---|--------|
| Enw'r Plentyn: Name of child: | | | |
| Cyferiad: Address: | | | |
| Dyddiad Geni a blwyddyn Ysgol: Date of Birth and school year: | | | |
| Rhyw: Gender: | Male | / | Female |
| Enw rhiant/gwarchodydd: Name of parent/carer: | | | |
| Rhif ffon rhiant/gwarchodydd: Tel No parent/carer: | | Rhif ffon argywng: Emergency contact number: | |
| Ebost rhiant/gwarchodydd: Email address parent/carer: | | | |
| Gwybodaeth cyswllt mewn argywng: Emergency contact information: | | | |
| Enw oedolyn all gael ei gysylltu mewn argywng: Name of alternative adult who can be contacted in an emergency: | | Perthynnas i'r plentyn: Relationship to child: | |
| Rhif ffon: Contact number: | | Symudol: Mobile: | |
| A oes gweithgareddau ni all eich plentyn gymryd rhan yn ddo? Please confirm if there any activities that your child can't participate in? | | | |



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| | | |
| Gwybodaeth Meddygol: Medical information: | | |
| Unrhyw gyflwr meddygol sydd angen triniaeth arbennig? Any specific medical conditions requiring medical treatment? | Ie/Yes: Plis rhowch manylion - gan gynnwys manylion meddiginiaeth: Please give details - including medication details: | Na/No: |
| Unrhyw gyflwr meddygol arall neu anabledd? Any specific medical condition or disability? | Ie/Yes: Plis rhowch manylion: Please give details: | Na/No: |
| Alergedd? Any allergies? | Ie/Yes: Plis rhowch manylion: Please give details: | Na/No: |
| Rwy'n rhoi fy nghaniatâd, os bydd sefyllfa feddygol frys yn codi, y gall Actifiti weithredu fel loco parentis. Os bydd yr angen yn codi am weinyddu cymorth cyntaf a / neu driniaeth feddygol arall a allai fod yn angenrheidiol ym marn ymarferydd meddygol cymwys. Deallaf hefyd, o dan y fath amgylchiadau, bod pob cam rhesymol yn cael ei gymryd. | | |
| I give my consent that if an emergency medical situation arises, Actifiti may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made. | | |
| Cantaiad llun/Photo permission (Facebook/Twitter/Instagram a Marchnata/Marketing) | | |
| Arwyddwyd gan rhaint/gwarchodwr: Signed by parent / carer: | | |
| Print rhaint/gwarchodwr Print parent / carer: | | |
| Dyddiad: Date: | | |



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