



CLWB CLEX

FFURFLEN GOFRESTRU / REGISTRATION FORM



Enw		Name
Cyfeiriad		Address
Oed a dyddiad geni		Age and date of birth
Rhif ffôn cartref		Home telephone no.
Enw rhiant/gwarchodwr		Name of parent/guardian
Rhif ffôn symudol rhiant/gwarchodwr		Mobile telephone no. for parent/guardian
E-bost rhiant/gwarchodwr		E-mail for parent/guardian

GWYBODAETH BERSONOL: a fydddech gystal â chynnwys unrhyw wybodaeth sy'n berthnasol – diolch

PERSONAL INFORMATION: please include any information which might be relevant – thank you

Ydy'r plentyn yn dioddef o unrhyw salwch neu anabledd?	YDY / NAC YDY Rhowch fanylion.	YES / NO If yes, give details.	Does he/she suffer from any illness or disability?
Oes gan y plentyn alergedd i unrhyw beth?	OES / NAC OES Rhowch fanylion.	YES / NO If yes, give details.	Is he/she allergic to anything?
Oes anghenion eraill gan y plentyn y dylem fod yn ymwybodol ohonynt?			Does he/she have any other needs we should be aware of?
Enw a chyfeiriad eich meddyg			Name and address of your doctor

CANIATÂD RHINIEN/GWARCHODWR

PARENTAL OR GUARDIAN CONSENT

Cytunaf i'm plentyn fynychu Clwb Clex rhwng 7 a 9 ar nosweithiau Gwener. Deallaf na fydd y Clwb yn gyfrifol am yr aelodau cyn nac ar ôl yr amseroedd hyn, na chwaith am aelodau fydd yn gadael yr adeilad yn ystod yr amseroedd hyn heb ganiatâd yr arweinwyr.

I agree to my child attending Clwb Clex between 7 and 9 pm on Friday evenings. I understand that the Club will not be responsible for participants before 7 nor after 9 nor for participants who leave the building during these times without the consent of the leaders.

Rhoddaf ganiatâd i unrhyw driniaeth argyfwng angenrheidiol. Yr wyf, felly, yn awdurdodi un o arweinwyr y Clwb i arwyddo, ar fy rhan, unrhyw ffurflen ganiatâd ysgrifenedig sydd ei hangen ar awdurdodau'r ysbyty os bydd angen triniaeth feddygol (triniaeth lawfeddygol neu chwistrelliad), os yw'r oedi sydd ei angen er mwyn derbyn fy llofnod, ym marn y meddyg neu'r llawfeddyg yn debygol o beryglu iechyd a diogelwch fy mhentyn.

I consent to any emergency treatment necessary. I therefore authorise one of the Club's leaders to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health and safety.

Gall lluniau o weithgareddau ac ymweliadau gael eu dosbarthu ar ein gwefan ac mewn papurau lleol. Os nad ydych am i'ch plentyn fod mewn llun, ticiwch y bocs.

Photographs of activities and visits may be distributed on our website or in the local press. If you do not want your child to be in a picture, please tick the box.

Llofnod

Signature

(Printiwch eich enw wrth ochr y llofnod) (Please print your name alongside your signature)