CLASSIC TALK SHOW LIMITED

CHILD TOURISM PROGRAMME

Building Stronger Relationships, Empowering Lives, and Inspiring Positive Change.

Email: info@classictalkshow.com **Phone/WhatsApp:** +233 (0) 552242113
Website: www.classictalkshow.com
YouTube: ChildTourism **Facebook:** child tourism

CHILD TOURISM
FIRST-TIME MEMBERSHIP & REGISTRATION FORM

*Please complete the form in BLOCK LETTERS. All fields marked * are required.*

1. CHILD'S PERSONAL INFORMATION	
Date of Registration *	____ / ____ / _____
Child's Full Name *	_____
Gender *	☐ Male ☐ Female
Date of Birth *	____ / ____ / _____ Age: _____
Nationality	_____
Residential Address *	_____
School / Institution	_____
Class / Level	_____
2. PARENT / GUARDIAN INFORMATION	
Parent / Guardian's Full Name *	_____
Relationship to Child *	_____
Primary Phone Number *	_____
Alternative Phone Number	_____
Email Address	_____
Emergency Contact (Name & Phone) *	_____
3. HEALTH & SPECIAL ASSISTANCE	
Medical Conditions / Allergies	_____
Medication or Special Support Required	_____
4. MEMBERSHIP & CONTRIBUTION	
Would you like the child to participate in CTS tours in Ghana and beyond? *	☐ Yes ☐ No
Daily Contribution	GHS 2.50 per day
Person Who Referred / Registered You	Name: _____ Phone: _____

5. PROGRAMME BENEFITS

Depending on the tour package and itinerary, membership may include:

✓ Meals and refreshments	✓ Transportation for scheduled tours
✓ Educational and recreational activities	✓ Games and supervised leisure activities
✓ Tour-related photographs, subject to consent	✓ Applicable tour / attraction entry fees, where included in the package

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✓ Educational guidance and child-focused learning experiences	

6. PARENT / GUARDIAN CONSENT & DECLARATION

I, the undersigned parent/legal guardian, confirm that the information provided is accurate. I give permission for the child named in this form to be registered for and considered for participation in CTS Child Tourism activities. I understand that specific tours may require additional information, health declarations and written consent. I agree to notify CTS of any relevant change in the child's health or emergency contact details.

Parent / Guardian's Full Name *	_____
Signature / Thumbprint *	_____ Date: ____ / ____ / _____
CTS Officer's Name & Signature	_____ Date: ____ / ____ / _____

IMPORTANT: The information collected will be used for membership administration, communication and child-tour planning. Please provide accurate emergency and health information. Photographs or media featuring a child should only be taken or shared with the appropriate parent/guardian consent.