

CLUB: (PLEASE STATE THE CLUB YOUR CHILD WOULD LIKE TO JOIN)

Choice 1

Day

Choice 2

Day



Name of Child DOB

Class.....

Emergency Contact Name & Number

.....

Does your child have any medical conditions?

.....

Please state any known allergies.

.....

My child will be collected after the sessions YES/NO

My child will make their own way home after the session – Yr 5/6 ONLY YES/NO

I agree that the child named above may attend the activities indicated and I understand that he/she will be under the control of the course leader. Although the course leader will take reasonable care they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of these activities.

I consent to any emergency treatment necessary during this scheme, I therefore, authorise the course leader to sign, on my behalf, any written form of consent required by the hospital authorities. In the case of any hospital treatment being required every attempt will be made to contact parent/carer/guardian.

CONSENT FOR TAKING IMAGES

During the sessions we may take pictures and video images. We would like to use them in presentations, displays, newsletters or publicity. Please indicate below whether you agree to images of your child being taken and used for educational/promotional purposes.

In the event of any images being taken, I consent to them being used for educational/promotional purposes

Signed Parent/Carer Date