

Registration

Childs Details

Name:

Male/Female

Age

D.O.B.

Ethnicity

Address

School:

Postcode

Email:

Please provide your email if you wish to receive future Programmes as soon as they go 'Live!'

Please circle one of the following:

I give permission for my child to walk home

I will collect my child

How did you find out about the Holiday Activity Programme?

I give consent for photos to be taken of my child for
all activities ran through Ashton Park Sports Centre

Yes

No

Emergency Contact Details

Name:

Relationship

Tel (home)

Tel (mob)

Disability / Medical Information

Does your child have any disability or illness we should be aware of?

Declaration- Please read and sign the following declarations:

1. I agree to my child taking part in the activities booked and acknowledge the need for respectful and responsible behaviour on his/her part.
2. I understand that my child can only bring a healthy lunchbox containing food suitable to be eaten before and after strenuous exercise. This food must not contain traces of nuts.
3. If circled yes, I agree to Ashton Park Sports Centre or their Activity Providers take photographs of my child for marketing and promotional material. If I change my mind I must write and sign a letter addressed to Ashton Park Sports Centre stating my decision.
3. I understand that if desired it is my responsibility to take out personal accident insurance for my child
4. In the event of an illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by a suitably qualified medical practitioner.
5. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

All Holiday Activity Programme booking terms and conditions can be found on the sports centre website.

Signature of
Parent/Guardian

Date

