

Wells Blue Sports Centre Activities Consent form

All information is stored in accordance with the Data Protection Act 1998

ACTIVITY ATTENDING:

CHILD'S NAME: D.O.B:

NAME OF PARENT/GUARDIAN:

ADDRESS:

POST CODE:

HOME: WORK: MOB:

E-MAIL ADDRESS:

KEY WORD FOR YOUR CHILD:

ALTERNATIVE CONTACT NAME:

HOME: WORK: MOB:

CHILD'S DOCTORS NAME:

SURGERY

ANY SPECIAL NEEDS OF CHILD – PLEASE INCLUDE ANY ALLERGIES.

If you wish to discuss any medical matter privately please contact the Duty Manager. All information will be treated confidentially.

P.T.O

ARE YOU HAPPY FOR YOUR CHILD TO BE PHOTOGRAPHED FOR USE IN SPORTS CENTRE MATERIAL AND LOCAL PRESS?: YES/NO

ARE YOU HAPPY FOR YOUR CHILD VIEW PG RATED FILMS?: YES/NO

ARE YOU HAPPY FOR YOUR CHILD TO RECIEVE SWEETS DURING THE HOLIDAY CLUB?: THEY ARE USED AS SMALL PRIZES FOR SOME ACTIVITIES. YES/NO

HOW DID YOU HEAR ABOUT THE WELLS BLUE SPORTS CENTRE?

IF YOU WISH TO RECEIVE FUTURE PROMOTIONS FOR THE CENTRE PLEASE INDICATE HOW YOU WISH TO RECEIVE THIS INFORMATION?

POST-

EMAIL-

PARENT CONSENT

I know of no medical reason why he/she should not participate. I am aware that I should consider making my own insurance arrangements for personal accident cover for any of my son/daughter. Sports centre staff accept no liability for loss/damage personal possessions or accident.

I consent to any emergency medical treatment necessary during the course of the activity session. I therefore authorise the sports centre Duty Manager to sign on my behalf, any written form of consent required by the hospital authorities, should the delay required to obtain my signature be considered by the authority concerned likely to endanger my child's health and safety on the understanding that every effort shall be made to contact me.

Signed Parent/Guardian: Date: