

February Half Term 2017 Consent Form

OFFICIAL



PLEASE COMPLETE ALL SECTIONS.

YOUR BOOKING WILL NOT BE ACCEPTED WITHOUT ALL INFORMATION ON BOTH PAGES COMPLETED.

| | | | | | | |
|----------------|----------------|------|---------|---------|-------------------|------------|
| Name of Child: | Date of Birth: | Age: | Gender: | School: | GP Name/ Surgery: | Ethnicity: |
| Name of Child: | Date of Birth: | Age: | Gender: | School: | GP Name/ Surgery: | Ethnicity: |

Medical / Disability Information:

Does your child have any Medical Conditions? *Please provide details* Yes No Details:

Does your child have a disability? *Please provide details* Yes No Details:

If your child has a disability, do they require a 1:1 Support? Please note this is subject to availability of staff. Yes No Details:

| Child's Name: | Course: | Time Option: | February Half Term 2016 | Cost: |
|--|---|---|---|-------------------------|
| | Multi Sports – Loddon <input type="checkbox"/> Multi Sports – St Crispins <input type="checkbox"/> | 8 am - 6pm <input type="checkbox"/> 9.30am - 3.30pm <input type="checkbox"/> | 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> | £ |
| | Multi Sports – Loddon <input type="checkbox"/> Multi Sports – St Crispins <input type="checkbox"/> | 8 am - 6pm <input type="checkbox"/> 9.30am - 3.30pm <input type="checkbox"/> | 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> | £ |
| I would like to join the Wokingham Active Kids discount card scheme (1st January 2017– 31 st December 2017) <input type="checkbox"/> | | | | £ |
| I am a Wokingham Active Kids discount card holder. <input type="checkbox"/> My membership number is . | | | | |
| Total Cost including discount card payment | | | | Total Cost: £ |

Payment Option

Cheque
Made payable to Wokingham Borough Council

Child Care Voucher (please submit booking form via email or post before making payment)
Please tell us the name of Child Care Voucher company (Code can be found on our website)

Credit or Debit Card (please submit booking form via email or post, We will then provide you with a link to pay)
(Please note: £2.00 charge for credit cards)

| | | |
|---|--|---|
| Parent / Guardian Name: | Relationship to Child: | Home Address: |
| Parent's Contact Number: Home: Mobile: | Email: | Postcode: |
| Emergency Contact: Name: Number: | Emergency Contact: Name: Number: | Emergency Contact: Name: Number: |
| Please provide the names of whom is authorised to collect your child from the course: | | Please tick if you <u>would not</u> like to receive further information about Sports and Leisure Activities for the whole family <input type="checkbox"/> |

Terms and Conditions:

Data Protection Act 1998

The data collected in the form will not be used for any other purpose other than what the information was originally collected for by Wokingham Borough Council and data collection and will not be disclosed to any external sources without your written consent (unless there is a legal obligation to do so). The information on this form will be retained by Wokingham Borough Council (Sports and Leisure) on a secured database and secure cabinets.

Photograph Release Clause:

I give permission to Wokingham Borough Council/ Wokingham Active Kids for my child/ren to be included in any photographs, video or images. I give permission for these photographs and written profile to be used in future publications, including social media for Wokingham Borough Council/ Wokingham Active Kids and maybe for other promotional material which it may be suitable.

Please tick the relevant box below stating your permission

- a) I/we give my/our Permissions for Photographs b) I/we do not give my/our Permissions for Photographs

Wokingham Borough Council accepts no responsibility or liability for any loss, injury or damage to persons or property save, where such loss, injury or damage is directly caused by the negligence of the council. It is the parent/ guardian responsibility to ensure their child/children are fit and in good health to participate in the activity booked.

Cancellations:

Cancelling your booking between 6 and 13 working days before the start date will result in a 50% credit note and 5 working days or less will result in 0% refund. Full details can be found on our website or on request. No refund will be given unless a doctor's certificate can be produced as proof of illness.

Please Note: Wokingham Borough Council reserves the right to cancel any course if they consider it necessary. The cost of the course will be refunded in a credit note, or additional sessions will be arranged to replace those cancelled.

First Aid Consent

I give my permission for the administration of basic first aid treatment by Wokingham Borough Council and 1Life staff to be given to my child. In the event of an emergency I authorise staff to take appropriate action to obtain necessary medical help for my child, including sending them to hospital. I understand that if my child requires regular medical treatment then a separate form must be completed with the staff in charge of the activity. I acknowledge that it is my responsibility to ensure the course Head Coach/Supervisor is fully informed.

Code of Conduct:

Children are asked to comply with a Code of Conduct, available from coaches, which sets out acceptable behaviour. Children who seriously breach the Code of Conduct will be removed from the course.

By signing this form I have read and understood the terms and conditions above and agree to abide by them.

Signed:

Print Name:

Date: