

Holiday Activity Registration Form

Child(rens) Details

	Child One	Child Two	Child Three
Name			
Date Of Birth			
Age			
Gender			

Parent(s)/Registered Carer(s) Name(s)			
Address			
Contact Details	Home	Work	
	Mobile	Email	

Emergency Details

Alternative name and contact details if we are unable to contact the above numbers.

Contact Name		Relationship to Child:	
Telephone:	Home:	Work/Mobile:	

Details of any medical conditions/allergies:

Child One	
Child Two	
Child Three	

Swimming

All of our day camps involve swimming, please tick below if you authorise your child(ren) to go swimming and confirm your child(ren) are competent swimmer(s) [e.g. play safely out of depth, get bumped into and swim safely to the side of the pool]

	Name	Is A Competent Swimmer (see above)
Child One		
Child Two		
Child Three		

Emergency Treatment

Should any matter of concern arise, I give permission for my child(ren) to be given emergency treatment and contact to be made to the appropriate medical, health and social services where applicable.

[We are required to follow Circadian Trust and South Gloucestershire Council's child protection procedures.

A copy of these are available on request for your inspection]

Please indicate here if there is anyone who is NOT allowed to collect your child(ren)
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Consent

I hereby give consent for my child(ren) to participate in holiday activities at *BSLC/YLC/KLC/TLC, according to the terms and conditions set out in its policy and procedures. I have understood the expectations and obligations relating to both myself and the Active Lifestyle Centre and agree to abide by them.

Signed:	Dated
Full Name:	Relationship to Child

*delete as applicable. **BSLC** = Bradley Stoke; **YLC** = Yate; **KLC** = Kingswood; **TLC** = Thornbury