

Section 1: Parent / Guardian Details		
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 details of whom is authorised to collect your child from the session:		Please tick if you would not like to receive further information about Sports and Leisure Activities for the whole family <input type="checkbox"/>

Section 2: Child Details					
Name of Child:	Date of Birth:	Age:	Gender:	School:	GP Name/ Surgery:
Name of Child:	Date of Birth:	Age:	Gender:	School:	GP Name/ Surgery:

Section 4: Medical/ Disability Information
Please detail below any important medical/ disability/ additional needs information that our Coaches/ Support Team need to know (e.g. allergies, medical conditions, disabilities, current medication, special dietary requirements, injuries)

Section 5: Equal Opportunities Monitoring			
White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Black British <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Black African <input type="checkbox"/>	Asian British <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Mixed White/ Black Caribbean <input type="checkbox"/>	Mixed White/ Black African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other <input type="checkbox"/>	Please Specify:		

Section 6: Please Sign this Section for All Participants

First Aid Consent

I give my permission for the administration of basic first aid treatment by staff. 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 on the course. I acknowledge that it is my responsibility to ensure that the course Head Coach/Supervisor is informed.

Photo Consent

Occasionally photographs and videos may be taken by Wokingham Borough Staff or authorised personnel which may be used in future publications for Wokingham Borough Council including social networking sites (Facebook/Twitter)

Please tick/mark if you do give permission for your child to be included in any photographs or images . We will not use any names alongside images in line with our safeguarding policy.

Conditions

The Council Accepts No Liability For Loss Or Injury Sustained By Any Person Attending a course, except where and to the extent that any such arising directly from the negligence of the Council, any of its employees or agents and is the responsibility of the pupil to ensure that he or she is fit and in good health. 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, or additional sessions will be arranged to replace those cancelled.

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 this Code of Conduct will be removed from the course.

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

Sign:

Name:

Date:

Please complete, sign and return your form along with payment to:

Sports and Leisure, Wokingham Borough Council, PO Box 153, Shute End, Wokingham, RG40 1WL

Email: sport@wokingham.gov.uk