BOOKING FORM January 2016 – Main Lesson Programme (all except 'Pre School' lessons)

Section A – Participant Details

Name:	Date of Birth:
Address:	
	Postcode
Preferred contact number:	
Alternative contact number:	
Email:	
Emergency contact details (if different from above)	
Name:	Number:

If you have a 'Passport to Leisure' please complete the section below

Passport to Leisure Number:
Expiry date:

Section B – Medical Information:

Does your child suffer from any medical or other condition whether or not requiring medical treatment or medication?	Y	N
If 'Y' please give details:		
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?	Y	N
If 'Y' please give details:		
Is your son/daughter allergic to any medication?	Y	N
If 'Y' please give details:		
Has your child received a tetanus injection in the last ten years?	Y	N

Section C – Class details – complete ALL sections

Please complete the class you currently attend (from September to November)
Current Class (day / time / venue):

The level of class your child has been assessed for next term is detailed in both the subject line of your e-mail and in red at the start of the e-mail text. **ONLY** select classes from the relevant level.

Please only use the class codes below eg: L21 / K45 etc

1st choice	
2nd choice	
3rd choice	
4th choice	

Section D - Publicity

Photographs and/or video footage may be taken for publicity (for use in printed material and/or website), archival reasons or skills analysis to aid coaching. Do you consent to your child being photographed / filmed during the activity?	Y	N

Section E – Declaration and consent to activity

I agree to the child named in section A receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand that individual workers do not administer emergency medication and understand the extent and limitations of the insurance cover provided. I undertake to inform the leader-in-charge as soon as possible of any change in the medical circumstances between the dates on which this form is signed and the commencement of the visit/activity. I also understand that, in order to meet my child's intimate care needs it will be necessary for me to attend the activity or nominate a responsible carer to support my child.

Signature	Date:

Please return completed forms not later than Friday 11th December to:

Swimming Development
Kirkintilloch Leisure Centre
Woodhead Park
Kirkintilloch
G66 3DD

OFFICE USE ONLY – Do not write or mark in this box

T1	R	Pr	Fee	Credit	Tx	In
P						

Please note that the details you give in this form will be stored in a manual/computerised file in accordance with the requirements of the Data Protection Act 1998. Your details will be held within Leisure Services and may be used to send information on other activities on offer. If you do not wish to receive information on other activities / promotions, please tick here