

ROCKSPRING HOLIDAY SCHEME - Registration Form

Full name of young person taking part		Date of Birth	
School		Male	Female
Home Address:			
			Post Code:
Parent or Responsible Adult Details			
Full Name			
Address if different to above		Relationship to child:	
Email address			
1st Emergency Contact details			
2nd Emergency Contact details			
Medical Details: Please give details of any allergies, illness, support needs, dietary needs, behavioural difficulties or special requirements (continue on separate sheet if needed)			
Medical Consent Statement			
I agree to the above child taking part in the activities. I consent to any emergency treatment being given to my child as necessary during the activity and authorise the activity leader to sign on my behalf, a written form of consent required by medical authorities should any medical action be deemed necessary.			
Photography			
Yes	I agree that my son/daughter can have photographs taken which may be used in a variety of printed and on-line media and promotion		
No			
Pick Up Arrangements			
How will your child be getting home?		Collected by	
<i>*Please note if your child opts to leave the activity during the session we will contact you on the number provided</i>			
		Making their own way*	
Behaviour			
For the Summer Scheme to be enjoyable and a success for all we expect a good standard of behaviour. Any child being disruptive and not complying with this will first be asked to change their behaviour or ultimately asked to leave. If this is the case the responsible adult will be contacted.			
Signature of Parent / Guardian		Date:	

**Please return this form as soon as possible to Maria, Rockspring Community Centre,
Sandford Road, Ludlow SY8 1SX**