



SPORTS SERVICES

October Outdoor Programme 2015



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| <p><u>Dates</u></p> <p>14th, 15th and 16th Oct 2015</p> <p><u>Activities</u></p> <p>Climbing, Mountain biking and Gorge Walking</p> | <p>MEDICAL INFORMATION</p> <p>Does the participant suffer from any condition requiring medical treatment, including medication? If YES please give details YES <input type="radio"/> NO <input type="radio"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please provide details of any medication that maybe required during the activities (all medication must be labelled correctly and clearly with name and dose)</p> <p>To your knowledge is the participant currently on any medication?</p> <p>If YES please give details YES <input type="radio"/> NO <input type="radio"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Is the participant disabled within the terms of the Disability Discrimination Act 1995? (*Please note that a disability under the Act is either a mental or physical impairment and can include hidden conditions (e.g. asthma, epilepsy, diabetes etc) that is likely to last 12 months and affects everyday activities e.g. memory, mobility, speech, continence, concentration).</p> <p>If YES please give details YES <input type="radio"/> NO <input type="radio"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Is the participant allergic to any medication/ foodstuffs/ materials?</p> <p>If YES please give details YES <input type="radio"/> NO <input type="radio"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></p> <p>Has the participant received an anti-tetanus injection in the last five years?</p> <p>If YES what year? YES <input type="radio"/> NO <input type="radio"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please outline any special dietary requirements of the participant</p> <p>.....</p> <p>.....</p> |
| <p>PARTICIPANT INFORMATION</p> <p>NAME</p> <p>ADDRESS</p> <p>..... POSTCODE</p> <p>SCHOOL</p> <p>PHONE NUMBER</p> <p>PARENTS E-MAIL.....</p> <p>DATE OF BIRTH.....</p> | |
| <p>EMERGENCY CONTACT</p> <p>NAME</p> <p>RELATIONSHIP TO PARTICIPANT</p> <p>ADDRESS</p> <p>.....</p> <p>PHONE NUMBER</p> <p>PHONE NUMBER</p> | |
| <p>DOCTOR'S DETAILS (in case of emergency)</p> <p>NAME.....</p> <p>ADDRESS.....</p> <p>.....</p> <p>PHONE NUMBER</p> | |



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USING IMAGES OF CHILDREN



LOCATION OF PHOTOGRAPH:

SPORT SERVICES MAY LIKE TO TAKE PHOTOGRAPHS / MAKE A VIDEO / WEBCAM RECORDING OF THE ABOVE NAMED PARTICIPANT INVOLVED IN THE ACTIVITY.

THESE IMAGES MAY APPEAR IN OUR PRINTED PUBLICATIONS OR ON OUR WEBSITE.

TO COMPLY WITH THE DATA PROTECTION ACT 1998, PERMISSION MUST BE GRANTED BY THE PARENT / GUARDIAN BEFORE ANY IMAGES OF THE NAMED PARTICIPANT ARE TAKEN AND USED, PLEASE ANSWER QUESTION 1 AND 2 BELOW, THEN SIGN AND DATE THE FORM.

- | | | | |
|----|---|---------------------------|--------------------------|
| 1. | MAY WE USE THE NAMED PARTICIPANT'S IMAGE IN OUR PRINTED PROMOTIONAL PUBLICATION? | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. | MAY WE USE THE NAMED PARTICIPANT'S IMAGE ON OUR WEBSITE? | Yes <input type="radio"/> | No <input type="radio"/> |

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

I HAVE READ AND UNDERSTOOD THE CONDITIONS FOR USING THESE IMAGES DETAILED BELOW

SIGNED

DATE

RELATIONSHIP TO PARTICIPANT

CONDITIONS OF USE OF IMAGES

- Sport Services will not include details or full names (which means first name and surname) of any person in an image on our website, or in printed publications, without good reason and only with your expressed consent.
- Sport Services will not include personal email or postal addresses, or telephone or fax numbers on our website or in printed publications. Contact details will be used only for the purpose of informing and communicating with the addressee.
- Sport Services may use images with very general labels, such as "young people enjoying sport."
- We will only use images of participants who are suitably dressed; to reduce the risk of such images being used inappropriately e.g. we will not publish material from a swimming activity.
- Your consent is valid for 2 YEARS from the date of signing. It will automatically expire after this time. Sport Services will not re-use any images after this time.

INFORMATION

Renfrewshire Leisure Sport Services may wish to inform you from time to time of special events, programmes or initiatives that are relevant to our activities.

Please tick this box if you do not wish to receive this information.

The use, processing and disclosure of your information is subject to the Data Protection Act 1998. I agree that Renfrewshire Leisure may use the information provided by me on this form to the extent that it is personal data or sensitive personal data for the following purposes:-

Creating, maintaining and updating the council's records of the use made of the activities undertaken by Sport Services.
 Monitoring use of the services provided by Sport Services and planning development of future services.
 With my permission, advising me of special events, programmes or initiatives that are relevant to the activities of Renfrewshire Leisure Sport Services.

PARENTAL / GUARDIAN DECLARATION

I hereby authorise the participant referred to on this form to attend and participate in the named activities. I agree to the named participant receiving emergency medical treatment as considered necessary by the medical authorities present.

SIGNED * **PARENT / GUARDIAN DATE**

For further information or to return completed forms contact:

Scott Macdonald, Sports Sport Services. c/o West Primary School, Newton St, Paisley, PA1 2RL.
 Tel: 0141 889 1110 Email: scott.macdonald@renfrewshire.gov.uk