



School Holiday Programme Registration Form

Thank you for booking your child(ren) onto our Choices School Holiday Programme. Please complete and return this form. Payment (by cash, cheque or debit/credit card) must be made within 10 days of each half term.

Return to:

**Melanie Pressey, Greenbank Sports Academy,
Greenbank Lane, Liverpool L17 1AG or
email to sports.academy@greenbank.org.uk**

1. Childrens' Details (PLEASE NOTE: only 1 additional child to accompany each disabled child)

Child 1

| | | | | | | | |
|-------------------------|----------------------|-----|--|----------------------|---|----------------------|--|
| Name | <input type="text"/> | | | | | | |
| Age | <input type="text"/> | DOB | <input type="text"/> / <input type="text"/> / <input type="text"/> | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Disability | <input type="text"/> | | | | | | |
| Name of parent/guardian | <input type="text"/> | | | | | | |
| Address | <input type="text"/> | | | | Postcode | <input type="text"/> | |
| Telephone | <input type="text"/> | | Mobile | <input type="text"/> | | | |
| Email | <input type="text"/> | | | | | | |
| School | <input type="text"/> | | | | | | |

Child 2

| | | | | | | | |
|-------------------------|----------------------|-----|--|----------------------|---|----------------------|--|
| Name | <input type="text"/> | | | | | | |
| Age | <input type="text"/> | DOB | <input type="text"/> / <input type="text"/> / <input type="text"/> | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Disabled: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Disability | <input type="text"/> | | | | | | |
| Name of parent/guardian | <input type="text"/> | | | | | | |
| Address | <input type="text"/> | | | | Postcode | <input type="text"/> | |
| Telephone | <input type="text"/> | | Mobile | <input type="text"/> | | | |
| Email | <input type="text"/> | | | | | | |
| School | <input type="text"/> | | | | | | |

Child 3

| | | | | | | | |
|-------------------------|----------------------|-----|--|----------------------|---|----------------------|--|
| Name | <input type="text"/> | | | | | | |
| Age | <input type="text"/> | DOB | <input type="text"/> / <input type="text"/> / <input type="text"/> | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Disabled: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Disability | <input type="text"/> | | | | | | |
| Name of parent/guardian | <input type="text"/> | | | | | | |
| Address | <input type="text"/> | | | | Postcode | <input type="text"/> | |
| Telephone | <input type="text"/> | | Mobile | <input type="text"/> | | | |
| Email | <input type="text"/> | | | | | | |
| School | <input type="text"/> | | | | | | |

2. Your Details

| | | | |
|-----------|----------------------|----------|----------------------|
| Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| | <input type="text"/> | Postcode | <input type="text"/> |
| Telephone | <input type="text"/> | Mobile | <input type="text"/> |
| Email | <input type="text"/> | | |

3. Activity Details

Multi Activity Days

| Date of Activity | Packed lunch (£2.50 per day) | Early drop-off (£2.00 per day) | Late pick-up (£2.00 per day) | No. of children |
|------------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------|
| Monday 24th October 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday 27th October 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Monday 20th February 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday 23rd February 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Monday 10th April 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday 13th April 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wednesday 19th April 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday 20th April 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wednesday 31st May 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday 1st June 10am to 4pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sub Total | | | | £ |

Fun Days Out

| Date of Activity | No. of Children | Name of Activity | Cost |
|------------------|--------------------|------------------|------|
| | | | £ |
| | | | £ |
| | | | £ |
| | | | £ |
| Sub Total | | | £ |
| Total | | | £ |

4. Payment Details

Payment Method ☐ Cash ☐ Cheque enclosed* ☐ Credit/Debit Card

Card No. Issue No. (if valid)

Valid from Expiry Date

Please quote the last 3 digits of your security number on the back of the card

Card Holder's Signature _____

Card Billing Address (if different from above)

Name

Address

Post Code

Telephone Mobile

Email

5. Consent Form

Please tick the boxes in the table below to indicate the consent you give for each child.

Part A - I consent to him / her taking part in the Choices School Holiday Programme at Greenbank Sports Academy and I understand that he / she will be under the control of the Sports Leader and / or other adults approved by the programme and that all reasonable care of the children will be taken. All staff are DBS checked.

Part B - I consent to any emergency medical treatment required by my child during the session(s) and therefore authorise the Sports Leader to sign on my behalf any written form of consent required by the medical authorities prior to any such medical treatment.

Part C - I consent to him / her being photographed whilst taking part in the Choices School Holiday Programme at Greenbank Sports Academy.

Please tick to indicate consent is given.

| Name of Child | Part A | Part B | Part C |
|---------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tick all applicable

☐ I will collect my child at the end of the session

(please specify name) will collect my child

☐ I consent to my child going home on their own.

6. Emergency Details

Emergency Contact Name

Emergency Telephone Number

Name of Family Doctor

Address of surgery

Postcode

Telephone number of surgery

Please use this box to tell us about any medical conditions we should be aware of in the event of an emergency.
Please include details of any medication and the child it applies to.

Name of Child

7. Confirmation

Please sign and date to confirm you agree with the terms and conditions and to authorise your booking.

Signature

Date / /

Terms and Conditions

1. All participants must be aged 8 - 16 and at least one child per booking declare a disability (a maximum of 1 accompanying child).
2. Payment must be made within 10 days of each half term, otherwise your booking may be cancelled.
Payment is non-refundable.
3. Greenbank reserves the right to cancel an activity prior to the activity date. In this case a full refund will be issued.

IMPORTANT - DATA PROTECTION

Greenbank collects and processes information about programme participants. The Data Protection Act 1998 requires Greenbank obtain your agreement before this can be done. In signing this form you are giving consent for your personal and sensitive information to be processed under the rules and safeguards laid down by the 1998 Act. Greenbank has procedures in place to ensure that all information held about you will be dealt with confidentially, held securely and only processed in accordance with Greenbank's notification to the Information Commissioner, who administers the Act. Greenbank Sports Academy may wish to contact you for marketing purposes. If you do not wish to be contacted in this way, please tick this box ☐



The Choices School Holiday Programme is run by Greenbank Sports Academy.
Greenbank Lane Liverpool L17 1AG · 0151 7280 7757 · sports.academy@greenbank.org.uk
Greenbank Sports Academy is part of Greenbank. Charity Number 513814
www.greenbank.org.uk



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