



Activity Consent Form: A separate Form must be completed for each child

Please complete for your child

Forename Surname

Address

Postcode E-mail (parent)

Date of Birth Age Male Female

Parent / Guardian Contact Details

Please tick the appropriate Box

Home Number Emergency Contact

Work Number Emergency Contact

Mobile Number Emergency Contact

Does your child have any special requirements / Disability? If Yes please give details below

Does your child have any Medical conditions that staff would need to be aware of?

Photo Consent

We would like to take some photos and video clips for promotional purposes. Please tick the box if you consent to this.

Future Schemes

In order to promote the Summer Scheme in the future please tick either of both boxes if you would like to receive information about future schemes. Your details **WILL NOT** be shared with any third party.

E-mail

Text

Parental/Guardian Signature: