



Sports Camp Registration Form

Link Centre & The Rec

Please complete one application form for each child

Student/SwindonCard No:

Child's details

Name:

Home address:

.....

..... Postcode:

Date of birth:

Sex: M F

Age:

Ethnicity:

Religion (if applicable):

Medical contact details

Doctor's name:

Doctor's telephone number:

Please detail any condition staff should be aware of
(e.g. health problems, allergies, cultural or religious needs)

.....

.....

.....

.....

Person with parental responsibility

Name:

Home address:

.....

..... Postcode:

Home/mobile telephone number:

Emergency contact number (1):

Emergency contact number (2):

Who is authorised to collect your child from camp?

Is there anyone specifically who should **not** gain access to your child?

.....

N.B. If you require anyone else to collect your child, we must have your authorisation in writing before collection.

Camp day/s (please detail all of the dates you would like your child to attend camp in all relevant boxes):

Date (w/c)	Monday			Tuesday			Wednesday			Thursday			Friday		
	FD	AM	PM	FD	AM	PM	FD	AM	PM	FD	AM	PM	FD	AM	PM

Please tick; FD – Full Day 8.30am – 4.30pm AM – Morning 8.30am – 12.30pm PM – Afternoon 12.30pm – 4.30pm

Please turn over to complete this form

Trips and Visits

There are occasions when educational visits from organisations take place on site. By booking your child on camp, you sign to say they are permitted to take part in these visits.

Please complete:

I give permission for my child to handle animals..... Yes No

I give permission for my child to take part in cookery/food classes..... Yes No

Please detail allergies overleaf.

Visits off site will be planned in advance and you will be required to fill out a separate permission form at this time.

Swimming Sessions

Where a swimming session is offered, fully qualified lifeguards will be on the poolside.

Data Protection

The information you provide will only be used by the centre staff. This form will be destroyed at the end of your time with us or upon receipt of a new form. Under the Data Protection Act you can see your own personal information. If you would like to know more about this, please ask for our leaflet 'Access to your personal information' or contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid Street, Swindon SN1 2JH.

I certify that the child I am enrolling is aged 8 – 13 years old. I fully understand that if the child is not 8 - 13 years old, or if their behaviour is unacceptable to Swindon Borough Council, they will be removed from camp and no refund will be given. In the event of an accident I hereby give my consent for a trained member of staff to administer first aid or to seek emergency medical advice or treatment on my behalf. I confirm that I have legal parental responsibility and that all of the information I have given is correct.

I have read the statement on Child Protection Responsibilities and understand the role and responsibility of the provider. I am aware that this setting holds a copy of 'what to do if you are worried a child is being abused' and that I can read this document if I wish.

Signature:..... (Parent/Guardian/Carer) Date:.....

How to Pay

Cheques should be made payable to 'Swindon Borough Council' except for The Rec where cheques should be made payable to 'Highworth Recreation Centre'. If you would like a receipt to be posted to you, please enclose a stamped, self-addressed envelope. You can collect your receipt from reception. Credit/debit card transactions are available.

Credit Card Details (postal applications only)

Name:..... Card number:.....

Expiry date:..... Signature:..... Print name:.....

Refunds

If insufficient numbers enrol on camp, the camp will be cancelled and any fees returned. There will be no other circumstance whereby refunds will be granted.

Office Use

Fee paid:..... Date received:.....

Time received:..... Receipt number:..... Receptionist signature:.....