Montsaye Community Sports Centre – Holiday Activities Enrolment Form

**CONTACT DETAILS**

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| **Contact Name:** |  |
| **Contact Phone Number:** |  |
| **Emergency Contact Number:** |  |
| **Contact Address:** |  |
| **Who else has legal contact with the child / parental responsibility:** |  |
| **E-mail Address:** |  |
| **Photography Request:** | By signing this section, I give my consent that the Sports Centre can use pictures that include my child for the internal and external marketing of the Sports Centre.**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **First Aid Provision:** | Be signing this declaration I give permission for the centre staff to administer First Aid to the above child should the need arise whilst they attend Montsaye Community Sports Centre. **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Emergency Medical Treatment:** | Be signing this declaration I give permission for the centre staff to contact the emergency services for the above child should the need arise whilst they attend Montsaye Community Sports Centre. **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Days / Dates Required:** |  |
| **Childs Name:** |  |
| **Gender:** |  |
| **Date of Birth:** |  |
| **Age:** |  |
| **Religion:** |  |
| **Medical Conditions:** |  |
| **Medication required:** |  |
| **Additional needs / disability:** |  |
| **Does the child have a social worker / Early Help Assessment (EHA) / Education Health and Care Plan (EHC)** |  |