



Please Complete One Form for Each Person Attending



Please indicate on the back of this form the activities you are booking your children onto.

I give my consent for _____

to participate in the February half-term programme and all chosen activities.

Date of Birth _____

Address _____

Postcode _____

Tel No. _____

Emergency contact name and telephone no: _____

Does your child have any medical conditions or allergies that we should be aware of? Please give details: _____

Amount enclosed _____

Leisure pass number (if applicable) _____

I give permission for my child to participate in the Sport Development activity programme and consent to any emergency treatment necessary. I understand that the staff and coaches will only be responsible for my child for the duration of the session(s) (including transportation where necessary) and cannot be responsible for loss or damage to personal property or accidental injury. I agree to their participation in the activity(ies) described in the itinerary and the procedures and rules and acknowledge the need for them to behave responsibly.

Signed: (P/G) _____

Print _____

Received by Receptionist
(signature and receipt number) _____

Data Protection The information provided will be held by Rugby Borough Council for the purposes of administering Sports Development courses and holiday activity programmes. If you give consent for this data to be recorded and processed for the purposes stated, please tick the box.

Photography during the course photographs may be taken for promotional material (printed and web based) and for monitoring purposes. Please tick the box if photographs including your child **may be used**

If your child is attending an activity you need to tick the box stating if they are to be picked up or are walking home.
Picked Up Walking Home