

Brighton Breakout Holiday Camp and Courses Registration Form July-August 2018



Please use BLOCK CAPITALS. One form must be handed in for each different activity/session

Child Information

Name of Child 1: Name of Child 2:

Age of Child:/..... D.O.B:/.....

G.P Name & telephone No: :...../.....

Name of School:/.....

Activity your child/children are taking part in

.....

Medical Requirements (This may include any regular or emergency medication, allergies or details of medical intervention etc).

.....
.....

Access Requirements: (This may include physical access, accessible parking or toilets, no strobe lighting, specific seating etc).

.....
.....

Communication Requirements: (This may include sign language, Makaton, symbols, simple language, assisted technologies etc).

.....
.....

Personal Care Requirements: (This may include support with toileting, nappy changing, eating, dressing, drinking etc).

.....
.....

Feeling Included Requirements: (This may include ensuring activities are inclusive, opportunities to opt out of certain activities, not being put on the spot, the session to being too noisy, specific things your child does not like etc).

.....
.....

Parent/Carer Information

Name: Relation to child/children:

Address:

..... Postcode:

Telephone No:

Email:

Emergency Contact 1:

Emergency Contact 2:

1. In the event of an emergency, I authorise Brighton Breakout/Freedom Leisure Staff to take any appropriate action to obtain necessary medical help for my children, including sending him/her to hospital and administering first aid. I fully understand the above.

Signature:Date:.....

2. Occasionally photographs and videos may be taken by Brighton Breakout/Freedom Leisure Staff which may be used in future publications for Brighton Breakout/Freedom Leisure. By signing below, you give permission for your child to be included in photos and videos during the day. We will not use children's names alongside pictures in line with our safeguard and confidentiality policy.

Signature:Date:.....

3. *(Only applies to 11 years and over)*. I give permission for my son/daughter to sign themselves out at the end of the day.

Signature:Date:

By giving consent for your child to attend holiday camps, you agree with the policies and procedures that are in place by the Brighton Breakout/Freedom Leisure Team and the partners they work with.

Equal Opportunities

Ethnic Origin: Please circle the appropriate section indicating the ethnic or racial group to which you consider your child belongs. This not compulsory.

White	Mixed	Asian/ Asian British	Black/ Black British	Chinese & Other Ethnic Groups
British	White/Black Caribbean	Indian	Caribbean	Chinese
Irish	White/Black African	Pakistani	African	Romany Gypsy
Other	White/Black Asian	Bangladeshi	Other	Irish Traveller
	Other	Other		Other

Prefer not to say

GDPR – Data collection statement

At Freedom Leisure we have exciting offers and news about the products and services on offer at your local Freedom centre that we are sure you would like to hear about. We would like your permission to keep you up to date. Please tick this box and sign below to provide your consent for us to collect and process your details:

Signed: _____ Date: _____

We will still need to contact you from time to time about the product or service you've entered into and you have the right to withdraw your consent for marketing at any time. You can also change your preferences on how and what we send you by emailing us at data.protection@freedom-leisure.co.uk. You can view our Privacy Policy by visiting the website at www.freedom-leisure.co.uk/privacy

Thank you for taking the time to complete this form. We will use this information to ensure your child has a wonderful time and is in a safe, inclusive and caring environment.