

# Active Scilly and Children’s Services Summer Holiday Activities

## Booking and consent form

Child name \_\_\_\_\_

**Please use 1 form per child.** In order to make this a fair process for all, spaces are on a first come first served basis. I am afraid that we cannot “hold” spaces for people.

Please fill out all of the activities your child would like to join

Activity	Dates	Cost per session	Total Cost

Total Sum Owed:.....

Payment method                      Card              Cash              Cheque

# Active Scilly Consent form

Please remove these pages and return to the Sports Hall with payment when booking

Name of Child

Child Age

Child DOB

Parent/Guardian Name(s)

Address

Postcode

Telephone

**Contact Details**

Please give us 2 contact details of who we should contact should the need arise while your child is in our care. This can be the same as above.

Contact 1 Telephone

Contact 2 Telephone

At the end of sessions my child will:

Be collected ☐ Walk home ☐ other ☐

**Useful Information**

Are there any medical conditions or recurring complaints which any Active Scilly staff should be aware of e.g.: asthma, eczema, hay fever, epilepsy, diabetes, allergies including anaphylaxis, additional needs etc.

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Does your child have 1:1 support during the school day? (This may need to be considered when children are accessing activities)

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Is there anything we should know about your child to help them get the most from these activities?

.....

Please indicate by circling one of the below statements the level of swimming ability your child has:

Non swimmer      Can swim up to 25M      Can swim 50m      competent swimmer

Please tick the appropriate boxes to give or refuse consent for the following.

You must give consent if you wish qualified staff to administer first aid or prescribed medication. In circumstances where unexpected attention is required you will be informed as soon as possible. **I agree to qualified staff giving or seeking medical treatment or advice for my child.**

I **do** give consent      ☐      I **do not** give consent      ☐

We may use transport to move from site to site for specific activities. Please note this is a requirement of some activities. **I agree to my child being transported as part of these activities.**

I **do** give consent      ☐      I **do not** give consent      ☐

For publicity and display purposes some photos may be taken. **I agree for my child's image to be taken when he/she is involved in activities and those images being used responsibly for marketing and funding purposes by the Council of the Isles of Scilly.**

I **do** give consent      ☐      I **do not** give consent      ☐

Signed.....

Relationship to child.....