

Wells Blue Sports Centre Junior Activity Consent Form



All information is stored in accordance with the Data Protection Act 1998

Childs Name: D.O.B:

Childs Name: D.O.B:
(Sibling – if attending)

Name of Parent / Guardian:

Address:

..... Post Code:

Telephone Home: Mobile:

E mail Address:

In the unlikely event we cannot contact you please specify a person you wish us to contact

Emergency Contact Name:

Contact Telephone Number:

Child's School

Does your child/children have any Medical / Allergies / Learning Difficulties? Please leave details below.

If you wish to discuss any medical matter or condition privately please contact a member of the management team. All information will be dealt with discretely.

PARENT CONSENT

I know of no medical reason why he/she should not participate. I am aware that I should consider making my own insurance arrangements for personal accident cover for any of my son/daughter. Sports centre staff accept no liability for loss/damage personal possessions.

I consent to any emergency medical treatment necessary during the course of the activity session. I therefore authorise the sports centre Duty Manager to sign on my behalf, any written form of consent required by the hospital authorities, should the delay required to obtain my signature be considered by the authority concerned likely to endanger my child's health and safety on the understanding that every effort shall be made to contact me.

I agree to conform to the terms and conditions of the Wells Blue Sports Centre and will notify the sports centre of any changes to the above information if and when it occurs.
(Please ask at reception for more information)

Signed Parent/Guardian: Date: