

You can with the help of a qualified and experienced sports coach.
So why not sign-up to take part in the following activity:



Interested pupils must ask a parent/guardian to complete the booking form overleaf and return it to:

Blank rectangular box for contact information.

Early bookings are recommended, as places on this programme are limited

Booking form

Child's details:

Name: _____ Date of birth: _____ Male/Female _____

• I agree to my child taking part in the sports activity detailed overleaf Yes/No _____

To be completed for swimming and water-based activities:

• Is your child able to swim 50 metres? Yes/No _____

• Is your child water-confident in a pool? Yes/No _____

• Is your child safety conscious in water? Yes/No _____

Medical declaration:

• My child is in good physical health and I consider him/her fit to participate Yes/No _____

• My child has had a tetanus injection in the last five years Yes/No _____

• I set out either below or in an attached note, details of any medical condition or allergy from which my child is suffering, together with details of any treatment required and medications currently being taken or carried (please include any additional needs that your child may have)

• I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment (including an anaesthetic or blood transfusion) as considered necessary by the medical authorities present.

Name of family doctor: _____ Phone number: _____

• I understand that the activity is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover, unless otherwise stated

• I accept that photographs and/or films may be taken of my child and used in future promotional materials

• I will inform _____ if any of the above information changes

I enclose a cheque (only if necessary) for £_____ made payable to _____
(please write your name and address on the reverse of any cheques)

Signed: _____ (parent/guardian) Date: _____

Full name (Mr, Mrs, Ms, Miss): _____

Address: _____

_____ Postcode: _____

Phone (daytime): _____ Phone (evening): _____

Phone (mobile): _____

Data being collected will be stored and used in compliance with the Data Protection Act 1998