

William Penn Leisure Centre Holidays Activities Booking Form

To be completed by the parent/carer: Date of completion of form _____

Child's First name _____ **Last name** _____

Leisure Card Number		
Collection password		
DOB	/ /	Age:
School child attends		
Favourite lesson		
Religion followed		
Language spoken at home		
Parent(s) name		
Address		
Postcode		
Home number:	Work number:	
Emergency contact name 1		
Emergency contact number 1		
Emergency contact name 2		
Emergency contact number 2		
Name of doctor		
Doctors Address		
Doctors number		
Does your child have any medical needs/conditions/allergies/ behavioural conditions or have any special needs.		
If your child is receiving medication please complete a medication consent form also.		
In the event of an emergency I give permission for the staff to carry out emergency first aid or to seek emergency treatment.		Signed _____

Consent/Permissions

Please tick

I not want my child photographed

I give full permission for my child to be photographed for marketing purposes

I give full permission for my child to take part in cooking and eat what they make

I give full permission for my child to take part in cooking but not to eat what they make

I give full permission for my child to take part in swimming activities

(Over 8yrs. Please be aware the pool is still in use by the general public during these sessions)

I give full permission for my child to have sun cream applied.

I have read and signed the terms and conditions.

I am happy to enrol my child on to the holiday activities. Signed_____

Notes

I understand that if I want my child to be able to walk home I will need to provide written consent for this. It is vital that is your child has an allergic reaction to nuts, latex etc and has to use an Epi pen that you also complete an Epi pen log sheet. If you have any reservations regarding the holiday activities or any of the activities, please do not hesitate to discuss these with us before booking your child onto our scheme.

Office use only

Proof of age seen by staff. Name _____ Date_____ Type_____

Written consent to walk home received: Date received_____ Staff Name_____