



Registration Form

(Please complete all sides of this form)

Please list below the names of people who may collect the above mentioned child at the end of the day and their relationship to the child. Everyone mentioned here must be over 18 years of age. Anyone not on this list will be **unable** to collect your child at the end of the day.

| Name | Relationship to Child |
|------|-----------------------|
| | |
| | |
| | |
| | |

Declaration- Pease read these carefully

- I declare that to the best of my knowledge the above information is correct.
- I will ensure that any outstanding bills are paid by the required date and accept that if failure to do so occurs, my child may loose the opportunity to attend LOPC Activate After school club / Holiday scheme
- I will inform LOPC immediately if any of the above information changes.
- I give consent for any emergency treatment in the event of an accident.
- I have read and completed both sides of this form and understand it fully
- **I understand and agree to abide by the terms and conditions as stated in the activate information booklet**

Person with Legal parental responsibility (SIGN)

DATE..... (PRINT)

Childs name..... (M/F)

Address.....

Town.....

Postcode.....

Name of person with Legal parental responsibility.....

Relation to Child

| | Contact Telephone Numbers | Contact Person |
|-----------|---------------------------|----------------|
| Daytime | | |
| Evening | | |
| Emergency | | |
| Email | | |

(a minimum of 2 different contact numbers are required)

Date of Birth: D M Y

School attended

School Year.....

We would like to register for the LOPC Activate (please tick as relevant)

After School Club Holiday Scheme



Ofsted No. 226869



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After School Club

Days attending (please circle)

Monday Tuesday Wednesday Thursday Friday

Pick up required? Yes No

From

Ethnicity (please tick relevant box)

| | | | |
|---------|----------------------|----------------------|---------------|
| White | Asian/ British Asian | Black/ Black British | |
| British | Indian | Caribbean | Chinese |
| Irish | Pakistani | African | Dual Heritage |
| Other | Bangladeshi | Other | Mixed Race |
| | Other | | Other |

Medical details

Has the person you are completing this form for had:

- Heart problems of any kind yes/no
- High Blood Pressure yes/no
- Recurrent back problems or surgery yes/no
- Epilepsy/convulsions or medication to prevent them. yes/no
- Asthma/Wheezing resting or during exercise yes/no
- Diabetes yes/no
- Arm or leg problems yes/no
- Do they take either prescription/non prescription drugs yes/no
- Are they pregnant

Please detail below anything you feel may be of importance e.g. medication being taken, allergies including food allergies or disabilities. Feel free to continue onto another sheet if necessary.

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Participants with any Asthmatic condition must have their inhaler available during the activities.

Doctors name.....

Doctors address.....

Telephone Number

Please note that participants taking medication or have a history of a heart condition must NOT use the Skylines High Ropes Course.

These are the activities which the children may take part in at LOPC.

| | | | | | |
|---------------|-------|-----------------|-------|------------|-------|
| Canoe/Kayak | 8yrs+ | Games/Sports | 5yrs+ | Cooking | 5yrs+ |
| Environment | 5yrs+ | Climbing | 5yrs+ | Fencing | 5yrs+ |
| Raft Building | 8yrs+ | Abseiling | 5yrs+ | Air Rifles | 8yrs+ |
| Survival | 5yrs+ | Bouncy Castle | 5yrs+ | Dance | 5yrs+ |
| Bell-boating | 5yrs+ | Archery | 5yrs+ | Drama | 5yrs+ |
| Team Building | 8yrs+ | Arts And Crafts | 5yrs+ | River Trip | 5yrs+ |
| Orienteering | 5yrs+ | | | | |

Please list any of the following activities that you are not happy for your child to participate in.

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We may take photos of your child for future advertising brochures.

Please state whether this is **not** acceptable ()



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