



# After School Club

Leicester Outdoor Pursuits Centre  
 Loughborough Road  
 Leicester  
 LE4 5PN  
[asc@lopc.co.uk](mailto:asc@lopc.co.uk)  
[www.lopc.co.uk](http://www.lopc.co.uk)  
 Tel: 0116 268 1426

**To be completed in respect of all persons participating in the After School Club provided by Leicester Outdoor Pursuits Centre.**

This Registration Form must be completed and signed by the parent or legal guardian of any Young Person who is taking part in the After School Club provided by us, and returned to LOPC prior to participating in the After School Club.

By signing this Registration Form You confirm that You have agreed to our Terms and Conditions relating to the provision of the After School Club at the date on which You sign this form. This Registration Form forms part of Your Contract with us.

Young Person's Details:		
First Names:	Gender: Choose an item.	
Surname:	Date of Birth: Click here to enter a date.	
Address:		
Postcode:		
School attended:	School year:	
Name of parent or legal guardian:		
Relation to child:		
Contact mobile numbers:	Contact daytime phone numbers:	Contact evening phone numbers:
1.	1.	1.
2.	2.	2.
Email Address:		
<b>Emergency Contact 1</b>		<b>Emergency Contact 2</b>
Name:		Name:
Phone number:		Phone Number:

After School Club				
<b>Days attending: (please tick or delete)</b>			<b>Pick up required?</b> Choose an item.	
Monday	Tuesday	Wednesday	Thursday	Friday

If You select 'yes', You confirm that You require Our staff to collect Your child from the school identified above and transport them to the Site, and that We may communicate with the school in relation to this.

**Doctor's surgery:**

**Medical Information**

**Has the Young Person ever had or currently have any of the following?**

Heart problems of any kind?	Choose an item.
High blood pressure?	Choose an item.
Recurrent back problems or surgery	Choose an item.
Epilepsy, seizures, convulsions or medications to prevent them?	Choose an item.
Asthma, wheezing when breathing or wheezing with exercise?	Choose an item.
Diabetes?	Choose an item.
Any arm or leg problems?	Choose an item.
Medically recognised disability	Choose an item.
Do they take either prescription/non-prescription drugs?	Choose an item.
Any other medical conditions that We should be aware of?	Choose an item.

**If You have answered yes to any of the above then please give further details:**

A Young Person with any asthmatic condition must have their inhaler available during the Activities at all times

**Please detail anything You think might be important that We should know about including Special Educational Needs, Food Allergies or Disabilities:**

Please list below the names of people of who may collect the Young Person at the end of the day and their relationship to the Young Person, We will automatically include Your name. Everyone mentioned here must be over 18 years of age. Anyone **not** on the list will be **unable** to collect the Young Person at the end of day.

Name	Relationship to Young Person

We may take photos or video footage of the Young Person for future marketing:

If this is acceptable please check this box:

If provided, Your email address may be added to Our mailing list to keep You in touch with events and promotions at LOPC: If this is acceptable please check this box:

The Activities which We provide carry an element of risk of injury or death. By signing this Registration Form, You accept that risk on behalf of the Young Person.

For air rifle shooting activities, I confirm that I am happy for my child to participate and I can confirm that s/he is not prohibited from air rifle shooting by section 21 of the Firearms Act 1968.

**By signing this Registration Form You confirm and agree:**

- that You are aged 18 or over;
- that You are the parent or legal guardian of the Young Person;
- that You have declared all the Young Person's pre-existing medical conditions on this Registration Form;
- that We can give emergency treatment or administer personal medication in the event of an accident or emergency;
- that the Young Person will hand in any necessary medication to us during the Activities;
- that We can use personal data in accordance with the Terms and Conditions; and
- that the information provided by You in this Registration Form is accurate.

**Parent or legal guardian: PRINT NAME:**

**Signature:**  
typing your name in this box constitutes a legal signature

**Date:** Click here to enter a date.