

| <p>Child's name:</p> <p>Home Address:</p> <p>Postcode:</p> <p>School attending:</p> <p>Email:</p>   | <p style="text-align: right;">Please circle</p> <p><b>D.o.B:</b>          <b>Age:</b>          <b>2015/2016 School Year:</b> Pre School R 1 2 3 4 5 6 7</p> <p>Tel – Please provide at least 2 numbers in priority order:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;"><b>Number</b></th> <th><b>Who (name &amp; work/home/mob)</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> </tbody> </table> | <b>Number</b> | <b>Who (name &amp; work/home/mob)</b> | 1 |  | 2 |  | 3 |  |
|---|--|---------------|---------------------------------------|---|--|---|--|---|--|
| <b>Number</b>   | <b>Who (name &amp; work/home/mob)</b>  |               |                                       |   |  |   |  |   |  |
| 1   |  |               |                                       |   |  |   |  |   |  |
| 2   |  |               |                                       |   |  |   |  |   |  |
| 3   |  |               |                                       |   |  |   |  |   |  |
| <b>MEDICAL INFORMATION</b>  | <b>PHOTOGRAPHS / VIDEO &amp; CONSENT</b>   |               |                                       |   |  |   |  |   |  |
| <p>Medical conditions / allergies: (i.e. asthma, diabetes)</p> <p>Medication / special requirements ( please attach a further sheet if required):</p> <p>I hereby authorise the appropriate activity staff member to administer the following medication to my child.</p> <p>Medication times and dose _____</p> <p>I hereby give consent for my child to receive hospital / medical treatment should the need arise. (Please see statement below)</p> <p>I consent to any emergency treatment necessary. I therefore authorise the appropriate activity staff member to sign on my behalf. Any written form of consent required by the hospital authorities should medical treatment be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon, likely to endanger my child's health or safety.</p> <p>Has your child any additional needs:</p> <p>Will there be a PA attending with your child?                          YES                          NO</p> <p>Does your need an assistant to work with them on a 1-1 basis? YES                          NO</p> | <p>I am happy for my children to be photographed and/or videoed when participating in holiday programme activities. The photos / video may be used to publicise the programme (please circle).                          YES                          NO</p> <p><b>NB: Please feel free to discuss any specific needs your child may have.</b></p> <p>Parent/Guardian signature:.....</p> <p>Print name: .....</p> <p>Relationship to child: .....Date: .....</p>   |               |                                       |   |  |   |  |   |  |
|   | <b>COLLECTION DETAILS</b>  |               |                                       |   |  |   |  |   |  |
|   | <p><b>We are concerned for your child's safety and for peace of mind have taken the following measures.</b></p> <p><input type="checkbox"/> My child will be picked up by .....<br/>Relationship to child .....</p> <p><input type="checkbox"/> My child will <b>not</b> be picked up (e.g. walking/cycling)</p> <p>Should you wish your child to leave without being picked up please send a note with your child to explain this.</p>  |               |                                       |   |  |   |  |   |  |

**BUDEHAVEN MINI FOOTBALL CENTRE BOOKING FORM SEPT 2015-2016**

**THIS FORM MUST BE COMPLETED**

**PLEASE KEEP US INFORMED OF ANY ARISING MEDICAL ISSUES THAT MAY OCCUR THROUGHOUT THE FOLLOWING YEAR.** Photographs may be used to publicise the programme, on the web or in print.

By signing the reverse you are confirming that you have parental consent for the child mentioned above.

Please make cheques payable to: BUDEHAVEN COMMUNITY SCHOOL Bookings should be sent DIRECTLY to:

Liam Dart, Budehaven Leisure Centre, Stratton Road, Bude, Cornwall EX23 8AW.

| <u>Dates</u>   | <u>Wks</u> | <u>Block booking Cost</u> | <u>Booking by</u> | <u>Pay weekly</u> | <u>Payment</u>   |                      |
|--|------------|---------------------------|-------------------|-------------------|------------------|----------------------|
|  |            |                           |                   |                   | <u>Cash/ Chq</u> | <u>Date Received</u> |
| Sep-Oct<br>12 <sup>th</sup> , 19 <sup>th</sup> , 26 <sup>th</sup> , 3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> , 24 <sup>th</sup>   | 7          | £21                       | 12/09/15          | £4                |                  |                      |
| Nov-Dec<br>7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> , 5 <sup>th</sup> , 12 <sup>th</sup>                       | 6          | £18                       | 07/11/15          | £4                |                  |                      |
| Jan- Feb<br>9 <sup>th</sup> , 16 <sup>th</sup> , 23 <sup>rd</sup> , 30 <sup>th</sup> , 6 <sup>th</sup> , 13 <sup>th</sup>                      | 6          | £18                       | 09/01/16          | £4                |                  |                      |
| Feb- March<br>27 <sup>th</sup> , 5 <sup>th</sup> , 12 <sup>th</sup> , 19 <sup>th</sup>   | 4          | £12                       | 27/02/16          | £4                |                  |                      |
| April-May<br>16 <sup>th</sup> , 23 <sup>rd</sup> , 30 <sup>th</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> | 7          | £21                       | 16/04/16          | £4                |                  |                      |
| June-July<br>11 <sup>th</sup> , 18 <sup>th</sup> , 25 <sup>th</sup> , 2 <sup>nd</sup> , 9 <sup>th</sup> , 16 <sup>th</sup>                     | 6          | £18                       | 11/06/16          | £4                |                  |                      |

**PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS ON BOTH SIDES OF THIS FORM**

**01288 353714**