



Activity Registration Form

Both sides of this form must be completed. We must have the signature of a parent / guardian before a child can attend our activity sessions.

Please return this form in advance of the scheduled activity by post or e-mail to Mark Palmer, Greenbank Sports Academy, Greenbank Lane, Liverpool L17 1AG. sports.academy@greenbank-project.org.uk

Personal Details

Name of Child:

Name of Parent/guardian:

Address:

.....

..... Post code:

Telephone Number: Age: DOB...../...../.....

Email address:

School:

Gender

Male Female

Emergency Contact Details

Emergency Contact Name:

Telephone Number:

Sessions

Places are limited and you are advised to book in advance.

No limit to number of session requests.

Monday's

5-6pm

Inclusive sports activities

Wednesday's

4-6pm

Inclusive sports activities

5.30-7pm

Inclusive art and crafts

Thursday's

5-7pm

Inclusive sports activities

Return this form to Greenbank Sports Academy, Greenbank Lane,
Liverpool, L17 1AG or email to sports.academy@greenbank-project.org.uk

Disability (please tick relevant box)

Group A

1. Children with Autistic Spectrum Disorder who have severe learning difficulties or challenging behaviour.
2. Those children and young people whose challenging behaviour is associated with other impairments such as severe learning disabilities.

Group B

1. Children or young people with complex health needs including those with Disability and/or life limiting condition.
2. Children or young people who require palliative care.
3. Children or young people who have cognitive or sensory impairment or moving and handling needs which require special equipment or adaptations.

Other

Other children or young people with additional needs e.g. ASD, ADHD, ADD and MLD etc.

What is your child's disability?

Cultural Mix (please tick relevant box)

Asian/Asian British

- Bangladeshi
- Indian
- Pakistani
- Other Asian background

Black/Black British

- African
- Caribbean
- Any other black background

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Other mixed background

White

- British
- Chinese
- Irish
- Other
- Other

Consent Form

Name of Child:

Part A I consent to him / her taking part in School Holiday activities at the Greenbank Sports Academy and I understand that he / she will be under the control of the Sports Leader and / or other adults approved by the programme and that all reasonable care of the children will be taken. All staff are CRB checked.

Part B I consent to any emergency medical treatment required by my child during the session(s) and therefore authorise the Sports Leader to sign on my behalf any written form of consent required by the medical authorities prior to any such medical treatment.

Part C My child has the following medical condition/takes the following medication, which the Sports Leader should be aware of in the event of an emergency

Please specify
.....

Part D I understand that support staff are not available during the session(s) to attend to individual care needs.

Part E I consent to him / her being photographed whilst taking part in school holiday activities at Greenbank Sports Academy.

Please tick all applicable

- I will collect my child at the end of the session
- (please specify name) will collect my child
- I consent to my child going home on its own.

Name of Family Doctor:

Address of surgery:

.....

..... Post code:

Telephone number of surgery:

Relationship to Child:.....

Print Name:.....(parent/guardian)*

Signature:.....