

Activity Registration Form



6. Emergency Details

Emergency Contact Name:

Emergency Telephone Number:

Name of Family Doctor:

Address of surgery: Postcode:

Telephone number of surgery:

Please use this box to tell us about any medical conditions we should be aware of in the event of an emergency?
Please include details of any medication and the child it applies to.

Name of Child:

7. Confirmation

Please sign and date to confirm you agree with the terms and conditions and to authorise your booking.

Signature Date / /

Terms and Conditions

1. All participants must be aged 8 - 16 and at least one child per booking declare a disability (a maximum of 1 accompanying child).
2. Payment must be made within 5 days of receiving your confirmation letter/email, otherwise your booking may be cancelled. Payment is non-refundable.
3. Greenbank reserves the right to cancel an activity prior to the activity date. In this case a full refund will be issued.

IMPORTANT - DATA PROTECTION

Greenbank collects and processes information about programme participants. The Data Protection Act 1998 requires Greenbank obtain your agreement before this can be done. In signing this form you are giving consent for your personal and sensitive information to be processed under the rules and safeguards laid down by the 1998 Act. Greenbank has procedures in place to ensure that all information held about you will be dealt with confidentially, held securely and only processed in accordance with Greenbank's notification to the Information Commissioner, who administers the Act.

Greenbank Sports Academy
Greenbank Lane
Liverpool
L17 1AG

Tel: 0151 280 7757
Website: www.greenbanksportsacademy.co.uk
Email: sports.academy@greenbank-project.org.uk

Activity Registration Form



Thank you for booking your child(ren) onto our February Half Term Activity Programme. Please complete and return this form with payment (by cash, cheque or debit/credit card) within 5 days to complete your booking.

Return to:
Mark Palmer, Greenbank Sports Academy,
Greenbank Lane, Liverpool L17 1AG or email to
sports.academy@greenbank-project.org.uk
Tel: 0151 280 7757

1. Children's Details (PLEASE NOTE: only 1 additional child to accompany each disabled child)

Child 1

Name:

Age: DOB: / / Gender: Male Female Disabled: Yes No

Type of Disability:

Name of parent/guardian:

Address: Postcode:

Telephone: Mobile:

Email:

School:

Child 2

Name:

Age: DOB: / / Gender: Male Female Disabled: Yes No

Type of Disability:

Name of parent/guardian:

Address: Postcode:

Telephone: Mobile:

Email:

School:

Child 3

Name:

Age: DOB: / / Gender: Male Female Disabled: Yes No

Type of Disability:

Name of parent/guardian:

Address: Postcode:

Telephone: Mobile:

Email:

School:

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2. Your Details

Name:

Address:

Postcode:

Telephone: Mobile:

Email:

3. Activity

Multi Activity

Date	Morning	Afternoon	Packed lunch	Early drop-off	Late pick-up	No. of children
	£2.50 per session	£2.50 per session	£2.50 per day	£2.00 per day	£2.00 per day	
Tue 14 Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thurs 16 Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fun Days Out

Date	Activity	Cost	Early drop-off	Late pick-up	No. of children
			£2.00 per day	£2.00 per day	
Fri 17 Feb	Pizza Express / Museum of Liverpool	£12	<input type="checkbox"/>	<input type="checkbox"/>	

The visit to Pizza Express includes lunch (as detailed in the leaflet), however, if your child(ren) is/are allergic to a particular food, an alternative can be arranged. Please give details of any food allergies in the box below:

Total cost: £

4. Payment Details

Payment Method: Cash Cheque enclosed* Credit/Debit Card

Card No. Issue No. (if valid)

Valid from Expiry Date

Please quote the last 3 digits of your security number on the back of the card

Card Holder's Signature

Card Billing Address (if different from above)

Name:

Address:

Postcode:

Telephone: Mobile:

Email:

5. Consent Form

Please tick the boxes in the table below to indicate the consent you give for each 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 - I consent to him / her being photographed whilst taking part in school holiday activities at Greenbank Sports Academy.

Please tick to indicate consent is given.

Name of Child	Part A	Part B	Part C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 their own.