

Fit4Football

2 to 4 August 1pm to 4pm

CHILD DETAILS

Name:				D.O.B.:			
Address:							
Town:				Postcode:		B	T

PARENT/GUARDIAN DETAILS

Name:		
Telephone:	Mobile	0 7
	Home	0 2 8
	Work	
Relationship to child:		(mother/father/legal guardian)

CHILD'S MEDICAL DETAILS

Please give details of any illnesses or needs an instructor should be aware of (e.g. asthma, hearing, ADHD, Aspergers etc.)

Using your Personal Information

The Council takes your right to personal privacy seriously. Personal information is used for the purposes of managing your booking.

We are required to process your information as part of your booking. The Council will hold the information for a period of one year after the conclusion of your booking.

If you have data protection queries please contact the Council's Data Protection Officer at dataprotection@ardsandnorthdown.gov.uk or visit the Council's website at www.ardsandnorthdown.gov.uk/privacy-and-cookies

Ards Blair Mayne sends out information about activities and promotions.

Please tick the box if you would like to receive such information.

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Ards and North Down Borough Council may take photographs during the camp for promotional purposes. The images may be used in newspapers, brochures, website, social media and other publicity material. If you permit your son/daughter to be photographed please tick the box.

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In the event of illness or accident, I give permission for **First Aid to be administered where considered necessary** by a nominated First Aider, or suitable qualified medical practitioner. In case of emergency, I understand that staff will do everything to contact the parent/carer so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my/our behalf. Please tick the box.

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I confirm that all details are correct to the best of my knowledge and I give my consent for my child to attend the camp indicated on this form.

Signed: _____ Parent/Guardian Date: _____

For office use only. Receptionist:	Receipt number:
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