Pan-Disability Sunday Course

ARDS BLAIR MAYNE WELLBEING AND LEISURE COMPLEX

Course start date:

CHILD DETAILS

Name:						D.O.B.:			Age:	
Address:										
Town:	Postcode:	B	T							
Membership no. if one held:										

PARENT/GUARDIAN DETAILS

Name:										
Address:										
Town:	Postcode:	B	T							
Telephone: Mobile	0 7									
Home	0 2 8									
Email										
Relationship to child:	(parent/guardian)									

DETAILS OF THE PERSON ACCOMPANYING THE CHILD

Please note: the carer must remain with the child at all times during the scheme For children aged 7 years or under the carer must accompany the child in the water.

Person named above (please tick):										
Name:										
Telephone: Mobile	0 7									
Home	0 2 8									
Email										
Relationship to child:	(parent/guardian/carer)									

CHILD'S MEDICAL DETAILS Please state below any conditions that we should know about.

Medical including food / animal allergies:
Disabilities:
Behavioural:
Please state any medication taken in connection with the above conditions.
Are there any other circumstances we should know about including likes and dislikes.

Using your Personal Information
The Council takes your right to personal privacy seriously. Personal information will be 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. ☐

Ards and North Down Borough Council may take photographs during the scheme 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. ☐

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. ☐

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

Signed: _____ Parent/Guardian Date: _____

For office use only.		Signature	Date
Form checked by	Receptionist		