

# Summer Scheme 2018 Registration Form

Please note a separate form must be completed for each child and information should be printed clearly.

## Child

Surname

Other Name(s)

Age

Date of Birth

Gender

Address

Postcode

## Parent/Guardian Contact Details

Name

Relationship to child

Home Telephone

Work Telephone

Mobile Telephone

Email Address

## Centre Attending

☒

Ballynahinch Centre

☒

Down Leisure Centre

☒

Newcastle Centre

☒

Newry Leisure Centre

☒

Killyleagh Centre

## Booking Options

☒

Full Week

☒

Full Week (2 or more siblings  
from same family)

☒

Breakfast Club

☒

Morning Session (per week)

☒

Afternoon Session (per week)

☒

Daily

☒

Day Trip

## Weeks Required

☒

Week 1 (9 July)

☒

Week 2 (16 July)

☒

Week 3 (23 July)

☒

Week 4 (30 July)

☒

Week 5 (6 August)

☒

Week 6 (13 August)

☒

Week 7 (20 August)



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## Parent/Guardian Consent

**Known Medical Needs/Medication:** Please detail if your child has any medical condition, disability, behavioural/learning difficulty or is taking any medication we should know about.\*\*


**Medical Emergency Permission:** In the event of a medical emergency, I consent to my child being treated by medical emergency services. If no, then please state alternative arrangements.

☒

Yes

☒

No

Additional Emergency Contact Names, Numbers and Relationship to child.

1:
2:

Name(s) of who will be collecting your child. If this changes staff needs to be informed immediately.


## Declaration

☒

I consent to my child going swimming

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I consent to my child going on the trips which will involve travelling on a bus

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I consent to my child being photographed

Parent/Guardian Signature

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Print Name

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Date

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☒

I consent to my child walking to and from the scheme (must be 10 years old or over)

☒

I will inform the summer scheme play leader of any changes to contact details

☒

I will inform the summer scheme play leader of any changes to my child's health, medication or needs that could affect their participation

☒

I have read and agree to the Summer Scheme terms and conditions.

### \*\* Medication/Travel Sickness

Medication will only be administered with parental/guardian consent and all medication or instructions should be given to the leader. If your child requires travel sickness tablets, please ensure that you supply your child with them.

### Using your Personal Information

Newry, Mourne and Down District Council collect the information on this form for the purpose of the administration and management of the Council's Summer Scheme Programme. Where sports coaching forms part of the Summer Scheme Programme the information collected on this form will be shared with the relevant Sports Coaches and Sport Northern Ireland. Summer Scheme 2018 is supported by Newry, Mourne and Down District Council Community Relations and Development Section.