REGISTRATION FORM

Please Provide a Picture

To register your child for Garioch sports Centre Out of School Club, please **FULLY** complete this form and return it.

The following information is required to ensure we can meet the individual needs of your child within our setting.

If any details change, remember to Inform us as soon as possible so we can update the Registration form.

Child's Name:		**Male / Female:**	
School Attended			
Date of Birth:		**Age:**	
Address:		**Post Code:**	
Name of Parent / Guardian:		**Mr / Mrs / Miss / Ms:**	
Home Tel No:		**Mobile No:**	
Work Tel No:			
Email Address:			
Ethnicity			

Garioch Sports Centre Camps Club Booking Policy is applicable with payment due at time of booking. You can get a copy of this from Reception

Collection & Emergency Contact

Please detail below any other person(s) authorised to collect your child from club:

Please note that children MUST be collected by an adult. If your child is not collected and no contact has been made within 45 minutes, the police will be contacted by staff.

1. Name:		**Relationship to Child:**	
Mobile Number:		**Full Tel No:**	
2. Name:		**Relationship to Child:**	
Mobile Number :		**Full Tel No:**	

Garioch sports centre is registered with the care Inspectorate No: CS2004071714

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CONSENT REQUESTS	YES	NO
I consent to my child undergoing any emergency medical treatment necessary during the running of the club.		
I authorise the play staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the Doctor to endanger my child's Health & Safety.		
I consent to my child's photo / video to be taken.		
I consent to my child's photo / video to be used for promotional material in a group photo, local newspaper or video unless otherwise notified.		
I consent to my child having short trips to school or visits off the premises with the use of the GSC minibus or walking with staff.		
I consent to my child being given Aldi's own brand suncream		
I consent to my child receiving face paints		
I consent to my child watching movies/tv shows rated (PG)		

MEDICAL / ALLERGY INFORMATION & ADDITIONAL SUPPORT NEEDS

Please ensure that you give as much detail possible and make the team aware if your child has any medical conditions or additional support needs.

Doctor's Name:			
GP'S Details:		**Tel No:**	
Please Give Specific detailed information			
Additional support needs	**Yes / No**		
Any Allergies	**Yes / No**		
Dietary requirements	**Yes / No**		
Medical Condition	**Yes / No**		
Summary of the medical conditions	**Yes / No**		
Signs and symptoms	**Yes / No**		
Will your Child need help to administer their medication?	**Yes/ No**		
What to do in the event of a medical emergency	**Yes /No**		
Does your child have a Individual Educational plan? (IEP)			
Does your child or family have a social worker?	**Name:** **Email:**	**Contact No:**	
Anything you wish your child not to have? Or other relevant information			

REGISTRATION FORM

DATA PROTECTION

In signing this form, I consent to the Garioch Sports Centre holding the information contained regarding my child and myself both in hard copy and on their system. Information will only be shared with regulatory bodies or in medical emergencies.

You may withdraw your consent at any time, in writing to the OOSC Manager.

TERMS AND CONDITIONS

- **Bookings are NON-REFUNDABLE but may be transferred if 48hr notice is given**
- **All cancellations must be made by TEXT to our Out of School Club Cancelation number – 07340641537 or EMAIL to – Danielle.menzies@gariochsports.co.uk.**
- **It is the parent's responsibility to update the centre if there are any changes to this form**
- **I understand that the Garioch sports centre is not a specialist club and does not offer one to one care but will try accommodating each child where possible.**
- **By signing this form, I agree to all the terms and conditions**

I confirm that I am the parents/guardian with rights and responsibilities for the above-named child.

The activities have been risk assessed and every effort will be made to minimise risk. Nonetheless a totally risk-free environment is unrealistic, and I acknowledge that a degree of residual risk remains. I understand that the Garioch Sports Centre do not provide cover for personal accident, illness, loss or damage incurred by the participants

A REGISTRATION FORM DOES NOT GUARANTEE A BOOKING. PLEASE REMEMBER TO BOOK YOUR CHILD'S SPACE BY CONTACTING RECEPTION.

Parents Signature: **Date:**

For Office Use Only - Review (to be completed every 6 months) –

Staff Signature	Date	Any changes/updates to be made? (please tick)		What are the changes/updates?
		YES ☐	NO ☐	
		YES ☐	NO ☐	
		YES ☐	NO ☐	
		YES ☐	NO ☐	
		YES ☐	NO ☐	
		YES ☐	NO ☐	