



Summer Sports Camp Application Form

Name of Child:		
Address:		
		Postcode:
Age:	DOB:	Gender:
Name of Parent / Guardian / Carer		
Telephone (Day)	Telephone (Evening)	
Telephone (Mob)	E-mail:	
Would you like to be added to our Holiday Programme mailing list: (please circle) YES / NO		
From time to time we would like to take photographs of the sessions some of these may include your child.		
Do you agree to these being taken? (please circle)		YES / NO

Camp/Activity:	
Date(s):	

Doctors Surgery:	Doctors number:
Does your child suffer from any medical conditions/allergies including any current medication? (If yes, please fully describe?)	
Will your child have any medication with them and can your child administer this medication themselves? (If yes, please fully describe inhalers & Epipens inc)	
Emergency Contact Name (if different from above):	
Telephone:	Mobile:
Relationship to child:	

TERMS AND CONDITIONS

1. I agree to the above named participant taking part in a course run by Recreation Road Sports Centre.
2. I confirm to the best of my knowledge that the above named participant does not suffer from any medical condition other than those listed above.
3. I hereby give consent for the above named participant to receive emergency medical treatment if the need arises.
4. I understand that Recreation Road Sports Centre accepts no responsibility for loss, damage or injury caused by or during attendance on any of the centres organised activities expect where such loss, damage or injury can be shown to result directly from the negligence of the Sports Centre.

The undersigned Parent/Guardian/Carer, can confirm that the above information is correct to the best of my knowledge,

Signature: _____ Date: _____ .