**REGISTRATION FORM Holiday Activities 2018**

**WE WILL NOT** accept young people into the SWAY PROJECT unless this parental consent form has been completed. PLEASE COMPLETE IN BLOCK CAPITALS

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|  Having read the information provided I give consent for: **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B** \_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_\_**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender** : Male / Female **Ethnicity:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To attend **SWAY Project** and take part in activities stated below (please insert the activity next to the required date in the table below)

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| **DATE** | **ACTIVITY** |  |  |
| **Tues 7th Aug** |  | **Tues 14th Aug** |  |
| **Wed 8th Aug** |  | **Wed 15th Aug** |  |
| **Thurs 9th Aug** |  | **Thurs 16th Aug** |  |
| **Fri 10th Aug** |  | **Fri 17th Aug**  |  |

I acknowledge the need for my child to behave responsibly at all times. I accept that unacceptable behaviour may result in my child being excluded from participating in further activities. Does your child have any known disabilities or medical conditions requiring medication? *If YES please give details below.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Additional information on your child e.g. learning needs***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Declaration***In the event of an emergency I agree to my child receiving emergency treatment considered necessary by the medical authorities present. I confirm that my child is in good health and fit to participate. YES / NO (please circle)I agree for photos of my child to be used in SWAY promotional material such as news releases. YES / NO (please circle) **Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Full Name (Capitals)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Emergency Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I AGREE/ DO NOT AGREE that my child can be released from SWAY at the end of the activity from St John’s Community Centre to travel home alone****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Details: Samantha –** sam@swayproject.co.uk **– 07904 167 586** |

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| **Data Protection Act**This information is being collected in line with our Safeguarding Procedures to keep your child safe and able to contact you if they are ill or hurt. We do give some information to our funders such as your child’s name, postcode, age, gender and ethnic origin so they can check our work. We do not give information to any other organisation. |