



DETAILS & BOOKING FORM
REDBRIDGE SPORTS & LEISURE
Kids Activity Programme 2021

Child's Name: Date of Birth:

Age: Home Address:

Postcode: Home Telephone No.:

DETAILS OF PARENTS/GUARDIANS/CARERS

(1) Parent's/Guardian's/Carer's Name:

Address (if different from above) :

Postcode:..... Email:

Place of Work: Work Number:

Mobile Number:

(2) Parent's/Guardian's/Carer's Name:

Address (if different from above) :

Postcode:..... Email:

Place of Work: Work Number:

Mobile Number:

Emergency contact/number's (other than parent/guardian/carers):

Name of person who usually collects the child:

Other person(s) who may collect the child Password

Other person(s) who may collect the child Password

Further information (if necessary)

Details of who has legal contact with the child

Details of who has parental responsibility for the child

Details of who the child usually lives with

CHILD'S DOCTOR/GP DETAILS

Name & Address:

Phone Number:

CLINIC/HOSPITAL CONTACT (if applicable)

Name Phone No.

HEALTH INFORMATION

Does your child have any health/medical needs and if yes please give details of child's symptoms:

.....

.....

What medication does the child usually have (details recorded on Parental Permission Form):

.....

Any follow up care required:

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Special dietary requirements. Preferences or food allergies

Spoken language at home

Child's religion/culture

Anything else our staff should know about your child e.g likes, dislikes, fears

Do you give permission for our coaches to give sterile hypo-allergenic plasters to your child?
(Please tick box) Yes I give permission No I do not give permission

A parental permission form MUST be completed should any medication be held by a child or coach. PARENTS SHOULD NOTIFY THE SET- TING OF ANY CHANGES TO THESE DE- TAILS IMMEDIATELY & PLEASE BE AWARE THAT ALL CHILDREN TAKING PART IN ANY OF OUR COURSES MUST BE 5 YEARS AND OVER AT TIME OF BOOKING

PARENT/GUARDIAN/CARER SIGNATURE:

If you would like your child to be in the same group as friends/family please state their names:

.....

Name	Course/Code	Cost
TOTAL:		

I understand Parents Guidelines **Yes/No**

Centre Member: **Yes/No**

Photograph Permission: *We occasionally take photos of some of the activities for future use in advertising the KAP programme. This advertising can include our website, brochures, posters within the Centre and the local press. Pho- tos will be retained for a maximum of 12 months. You will be sent copies of any articles printed.*

I DO / DO NOT give Redbridge Sports & Leisure permission to photograph my child.

Signature of Parent/Guardian:Date:

REFUNDS WILL NOT BE GIVEN FOR LATE CANCELLATIONS

FOR OFFICE USE ONLY: Please attach copy of receipt

Amount Received: Chq/Cash/Visa

Date: Reception Initials: