



GLASGOW SPORT SUMMER HOLIDAY PROGRAMME 2018

Booking and Consent Form

Child's Name _____ Member ID _____

Male Female D.O.B. _____ Venue _____

I would like to book my child into (please tick):

- Glasgow Kids Club
- Club 5-11

Sports Activities

- Football
- Gymnastics
- Tennis
- Track Cycling
- Squash
- Badminton

Pre 5 Activities

- Balanceability
- Mini Kickers Football
- Play Gym

Disability Activities

- Disability Cycling
- Disability Kids Club
- Disability Swimming

Free Activities

- Rookie Lifeguard
- Family Swimming
- Park Lives

Pool Activities

- Inflatable Sessions
- Rookie Lifeguard Courses
- Family Swim Sessions

Teen Activities

- Activ8 Gym
- Teen FT Fit

Parent / Guardian details

Name _____

Contact number _____

Email _____

Address _____

_____ Postcode _____

Medical information

Child's doctor _____

Telephone _____

Address _____

_____ Postcode _____

Emergency contact details

These contact details should be different from the Parent / Guardian detail listed above and will only be used if we are unable to make contact with the primary details provided.

Name _____

Relationship _____

Contact Number _____

1. Would you consider your child to have a disability?

- Yes No

If yes, please provide details including any assistance which your child may require.



2. Does your child suffer from any medical conditions requiring medical treatment?

Yes No

If yes, please provide details. _____

3. Does your child self administer their required medication?

Yes No

(If No, please note that the parent ' guardian must remain within the facility should the child require assistance.)

4. Does your child suffer from any allergies (e.g. food, medicines etc)?

Yes No

If yes, please provide details _____

5. Please provide any other relevant information about your child which you as a parent / guardian would like to make Glasgow Sport aware of, e.g. phobias, dislikes etc.

6. I consider that my child is in good health and capable of taking part in the activity / activities organised by Glasgow Life staff.

Yes No

7. In the event of an emergency I consent to any emergency medical / dental treatment to include the use of anaesthetics that my child may require prior to my arrival.

Yes No

8. Please offer consent for your child to use the swimming pool (if applicable).

Yes No

9. I acknowledge the requirements for my child to display good behaviour at all times during the sessions.

Yes No

10. I agree to notify Glasgow Sport staff of any changes to the information given on this parent / guardian consent form for the duration of the sessions.

Yes No

I agree to my child being filmed or photographed with the possibility that these might be used for publication and/or publicity

Yes No

We would like to contact you about news, events, activities, competitions, offers & promotions. If you want us to keep in touch then please tick your preferred contact preferences:

SMS E-MAIL POST

You can unsubscribe at any time but please keep in mind, regardless of your contact preferences we may still need to contact you in certain circumstances about the use of our services.

Where did you hear about this programme? (please tick one box)

Social media Brochure
 Word of mouth Website
 Glasgow Club facility Postcard

Signed _____ Date _____
Parent / guardian's signature)