



GLASGOW SPORT OCTOBER 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
- Tennis
- Track Cycling
- Squash
- Badminton

### Pre 5 Activities

- Mini Kickers Football
- Play Gym

### Disability Activities

- Disability Cycling
- Disability Kids Club
- Disability Swimming

### Free Activities

- Rookie Lifeguard
- Family Swimming

### 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)