



# Big Local Activity Club Registration Form



Places are limited to 20 per night and are allocated on a first-come, first-served basis

## Child's Details

Full Name

Address

Postcode

Email

Contact Number

Date of Birth & Age

Year group at school (If applicable)

Male/Female


## Parent/Guardian Details

Full Name

Emergency Contact Number (required)

Email

Relationship to child

Mobile -

## Permission for Photographs

The Big Local will be taking pictures and videos throughout the Activity Club for visual references for parent's/carers. These photos and/or videos may also be used for future events or publicity via our social media pages or website.

I authorise for photo and/or videos to be used for the above reasons

**I do not authorise photos and/or videos to be taken for the above reasons**


Parent/Guardian

Signature

Date

## Transport and Walking Home

The Big Local will use transport such as people carriers and mini buses to transport children from activity club to local activities such as horse riding and fishing etc. If you do NOT wish to give permission for transport then other arrangements may be made.

I give permission for transport

**I do not give permission for transport**

I give permission for my child to walk with Big Local Staff to and from planned activities

I give permission for my child to walk home from the Activity Club.

**I do not give permission for my child to walk home from the Activity and I will collect them.**


Parent/Guardian

Signature

Date

**Doctors Details**

Full Name

Address

Postcode

Telephone No:


We encourage all children to come and participate in our activities. However, it is extremely important that if you answer yes to any of the questions below you must contact us to discuss any particular requirements your child may have.

Does your child have a learning or physical disability, medical condition or allergy?

Yes

No

If yes, what impact does your child's disability/medical condition/allergy have on them on a daily basis?

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Is your child currently on medication?

Yes

No

If yes please provide details of medication taken and whether this medication needs to be administered during the hours of the activity. (no staff member will be able to administer this)

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Do we need to make any reasonable adjustments to facilitate your child's participation in the activities?

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Parent/Guardian  
Signature

Date