

Child's Details:

Name: _____

Year Group (2019-20): _____

Address:

Medical details (continue on separate sheet if required):

Dates booking (please tick):

Monday 20th July 2020

Monday 27th July 2020

Monday 3rd August 2020

Monday 10th August 2020

Monday 17th August 2020

Monday 24th August 2020

DECLARATION:

I agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I agree to my child taking part in the session and agree to impress upon him/her the necessity to behave responsibly and to help the session organiser to ensure the safety of everyone at the session. I am aware that Clixby Active Pro Sports Ltd has a detailed policy on the safe running of sessions and will be following all the FA/Government guidance.

(Please refer to: <http://clixbyactiveprosport.com/key-documents/>)

I am also aware that these sessions are always well organised with a particular attention paid to Health and Safety. I understand that there can be no absolute guarantee of safety, but appreciate that we will do everything that is reasonably practicable to ensure the safety of everyone at the session. I understand the extent and limitation of the insurance cover provided and understand that should my child withdraw from the session at any time, I will still be liable for the full cost of the session.

Parent/Guardian Contact Details:

Telephone Numbers: Mobile: _____ Work/Home: _____

Email: _____

Alternative Emergency Contact:

Name & relationship: _____

Telephone Number: _____

Parent/Guardian Signature:

Full Name (Capitals):

Date: _____