

REGISTRATION FROM Primary 1 and up



Please provide a picture of your child

To register your child for Garioch sports Centre Out of school club, please complete this form FULLY and return. All information will be treated as confidential.

The following information is required to ensure that we meet the individual needs of every child within our care. If any details change, please inform us immediately to update our registration. Registration forms will be reviewed every six months.

PLEASE FULLY COMPLETE THIS FORM IN BLOCK CAPITALS & RETURN TO RECEPTION

Child's Name (In full):		Male / Female:	
Date of Birth:		Age:	
Address:		School attended:	
		Post Code:	
Name of Parent / Guardian:		Mr / Mrs / Miss / Ms:	
Full Home Tel No:		Mobile No:	
Work Tel No:			
Email Address:			

Please indicate ethnic group (as appropriate)

Chinese		English	
Indian		Irish	
Scottish		Welsh	

Garioch sports centre is registered with the care Inspectorate No: CS2004071714

Places are limited and will be filled on a first come first served basis. Garioch Sports Centres Out of School/ Camps Club Booking Policy is applicable with payment due at time of booking.

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COLLECTION ARRANGEMENTS

Please detail below any other person(s) authorised to collect your child from club:

Please note that children MUST be collected by an adult. If your child is not collected and no contact has been made within 45 minutes, the police will be contacted by staff.

1. Name:		Relationship to Child:	
Mobile No:		Full Tel No:	
2. Name:		Relationship to Child:	
Mobile No:		Full Tel No:	

EMERGENCY CONTACTS

Please detail below any other person(s) authorised to be contacted in an emergency:

Name & Relationship to Child:		Mobile No:	
		Full Tel No:	
Name & Relationship to Child:		Mobile No:	
		Full Tel No:	
Name & Relationship to Child:		Mobile No:	
		Full Tel No:	

CONSENT INFORMATION

CONSENT REQUESTS	YES	NO
I consent to my child undergoing any emergency medical treatment necessary during the running of the club.		
I authorise the play staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the Doctor to endanger my child's Health & Safety.		
I consent to my child's photo / video to be taken.		
I consent to my child's photo / video to be used for promotional material in a group photo, local newspaper or video unless otherwise notified.		
I consent to my child being transported to and from school with the GSC minibus or walking with staff.		
I consent to my child having short trips or visits off the premises with the use of the GSC minibus or walking with staff.		

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MEDICAL / ALLERGY INFORMATION & ADDITIONAL SUPPORT NEEDS

Please ensure that you give as much detail possible and make the team aware if your child has any medical conditions or additional support needs.

Doctor's Name:			
GP'S Details:		Full Tel No:	
Does your child have?	Please give detailed information		
Additional support needs	Yes / No		
Allergies	Yes / No		
Dietary requirements	Yes / No		
Regular medication	Yes / No		
Does your child need help with administering the medicine	Yes / No	If yes please provide a copy	
Does your child have an Individual Educational Plan (IEP)	Yes / No		
Does your child or family have a Social Worker	Yes / No	Name:	
		Contact No:	
		Email:	
Summary of what the medical conditions is.			
Signs and symptoms			
What to do in case of emergency			
Other relevant information (please specify)			

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DATA PROTECTION

In signing this form your consent to the Garioch Sports Centre holding the information contained regarding your child and yourself both in hard copy and on our system. Information will only be shared with regulatory bodies or in medical emergencies. You may withdraw your consent at any time, in writing to the OOSC Manager.

A REGISTRATION FORM DOES NOT GUARANTEE A BOOKING. PLEASE REMEMBER TO BOOK YOUR CHILD'S SPACE BY CONTACTING RECEPTION.

TERMS AND CONDITIONS

- Please remember to take your swipe card at all times
- Bookings are **NON-REFUNDABLE** but may be transferred if 48hr notice is given
- It is the parent's responsibility to update the centre if there are any changes to this form
- By signing this form, you agree to all the terms and conditions

I confirm that I am the parents/guardian with rights and responsibilities for the above-named child.

The activity has been risk assessed and every effort will be made to minimise risk. Nonetheless a totally risk-free environment is unrealistic, and I acknowledge that a degree of residual risk remains. I understand that the Garioch Sports Centre do not provide cover for personal accident, illness, loss or damage incurred by the participants.

Signed:

Date:

Review:

Date:

Review:

Date:

Review:

Date:

OFFICE USE

Date Received:

Initial of staff:

Stopped attending:



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