| SCLC Sports Camp (5+) | | |
| --- | --- | --- |
| Childs Information | | |
| Name: | | |
| Age: | Date of Birth: | |
| Address: | | |
| Postcode: | | |
| Medical Information(please do not Leave blank. Please enter none if child has no needs or alergies. We are not liable in anyway if you do not let us know of anything which may cause you child to need medical attention) | | |
|  | | |
| Emergency Contact | | |
| Emergency Contact: | | Relationship to child: |
| Phone Number: | | |
| Emergency Contact: | | Relationship to child: |
| Phone Number: | | |
| Swimming **SPORTS CAMPS ARE IN THE SMALL POOL ONLY** | | |
| Your child must be able to swim 10m unassisted.  THIS SECTION MUST BE COMPLETED OR YOUR CHILD WILL NOT BE ALLOWED TO SWIM. It is your decision to allow your child to swim or not we are not liable in any way. | | |
| * Yes | * No | |
| Dates | | |
| If your child does not or cannot attend we can only give a 50% refund | | |
| * Tuesday 19th Feb | | * Thurs 21st Feb |
| Payment | | |
| £15 per day | £ | |
| Cash / Card / Cheque (Cheque’s are payable to 4SLC Trust) | | |
| Signature: | | |

**Please turn over when this side is completed**

**Under 18 Photo/Film Consent form**

**Please tick those you are NOT happy for your child’s photograph or film to be used in:**

|  |  |
| --- | --- |
| **External Media** – Such as newspapers, TV, magazines and DVD films (where you have taken part in filming) |  |
| **SCLC’s Websites/Social Media** – SCLC’s own website or related websites and social media pages |  |
| **SCLC Promotional Films and Publications** –Such as leaflets, posters newsletters, exhibition display materials and reports |  |

If we use a photograph or film you can choose to have your child’s real name published with it or you can remain anonymous or we can use an alternative name.

**Please tick one that applies:**

|  |  |
| --- | --- |
| **Real Name** |  |
| **Anonymous** |  |
| **Alternative Name**  **(Please specify):……………………………………………………………………………………** |  |

**I am happy to give permission for my child to be photographed / filmed in all future activities at / by Stocksbridge Community Leisure Centre and for their photograph / film to be used by Stocksbridge Community Leisure Centre in the content stated above.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Parent/Guardian** |  | **Date** |  |

**Data Protection**

All information supplied is stored in accordance with the General Data Protection Act and will only be used for the purpose of managing your Sports Camp booking, as well as supplying you with information that we feel will be of benefit to you.

**We will not pass your details onto any third party**, but we may make you aware of offers from our corporate sponsors from time to time.  Please tick here if you are happy for us to contact you with information or offers, not directly related to the Sports Camp applied for on this form ⃝

For further details of our Privacy Policy, please refer to our web site - [www.stocksbridgeclc.co.uk](http://www.stocksbridgeclc.co.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **For internal use only:** | | | |
| Name of Event(s) |  | | |
| Location(s) of shoot(s) / event(s) |  | Date |  |
| Image(s) used in the following material: |  | | |

Stocksbridge Community Leisure Centre

A Company Limited by Guarantee with Charitable Status. Company No. 08413664 Charity No. 1153527

*Stocksbridge Community Leisure Centre, Moorland Drive, Stocksbridge, S36 1EG Tele: (0114)2883792*