



**Yr 4/5/6 Kings Primary Sports sessions on Monday 13/01 20/01 27/01 03/02**

**Please register your intent to attend this club by emailing [tmoran@thekings.devon.sch.uk](mailto:tmoran@thekings.devon.sch.uk)**

**AND THEN**

Please complete both pages of this form in BLOCK CAPITALS and either scan and return by email OR send it with your child to the first session at The Kings School, in the Colin Tooze Sports Centre Sports Hall.

<b>First Name(s)</b>		
<b>Surname</b>		<b>Sex: M/F</b>
<b>Date of Birth</b>		<b>Age:</b>
<b>Child's Home Address</b>		<b>Post Code:</b>
<b>Home Telephone Number</b>		<b>Fax No:</b>
<b>Email</b>		<b>Mobile:</b>
<b>Disability</b>	Yes/ no - If yes, please give details	
<b>School</b>		<b>School Year:</b>
<b>Name of family Doctor</b>		
<b>Surgery Address &amp; Tel. No.</b>		
<b>Medical/Special needs</b>	(please give details of allergies, medication, travel sickness, injuries, health problems eg: diabetes, asthma, epilepsy)	
<b>Recent illnesses</b>		
<b>Name of next of kin</b>		
<b>Relationship to child</b>		
<b>Address</b> (if different from child's)		
<b>Contact telephone numbers</b>		



## Declaration of Parents/Carers

- a. I agree to my son/daughter taking part in teaching/ coaching and competition during the **Yr 4/5/6 Kings Primary Sports Spring Club**.
- b. I consent to any emergency medical treatment necessary during the coaching sessions and activity programme. I therefore authorise the supervisor to sign any written form of consent required by hospital authorities on my behalf, should the delay required to obtain my signature be considered likely to endanger my child's health, by the said authority. In such circumstances, I understand that every effort shall be made to contact me prior to this action being taken.
- c. I understand that the School is insured in respect of legal liabilities (third party and public liability) but that personal accident insurance for my child is not covered. I also understand that any extension of insurance cover is my responsibility.
- d. I confirm that my child is in good health and I consider him/ her fit to participate.
- e. I will ensure that any changes in circumstances which will affect my child's participation in the activity will be notified to **Mrs Tracy Moran**, at The King's School, as soon as possible prior to the session.

Signature of Parent/Carer:

Date:

## Consent for Photographs/Film Footage

Photographs and film footage may be taken at the sessions.

The photographs and film footage will only be used by The King's School for publicity material such as press releases, facebook and twitter, newsletters, promotional displays and promotional videos.

I **do consent** to The King's School using photographic images.

I **do not consent** to The King's School using photographic images

Parents can opt in or out at any time by contacting Tracy Moran at [tmoran@thekings.devon.sch.uk](mailto:tmoran@thekings.devon.sch.uk)

Signature of Parent/Carer:

Date:

Data Protection Act 1998 – The information you have provided will be held for the purposes of registration for **Yr 4/5/6 Spring Active Club** and will only be disclosed to the organisers, and King's School Staff.