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**SIERRA SPORTS DEVELOPMENT HOLIDAY CLUB**

**REGISTRATION FORM & PARENTAL AGREEMENT**

**Child’s Details**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer Details**

Parent(s) / Carer(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Tel: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Work Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of second contact in case of emergency**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of any other adults permitted to collect your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details**

Name, address and contact details of family doctor

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Does your child have any physical disability or specific need that may require us to offer additional support? **Yes / No**

If yes, please give details

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Does your child have a known medical condition or religious belief that may exclude certain medical interventions?  **Yes / No**

If yes, please give details

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Does your child have a special diet? **Yes / No**

If yes, please give details

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Does your child have any allergies? **Yes / No**

If yes, please give details

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Does your child need any medication while they attend the holiday club? **Yes / No**

If yes, please give details

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\*I agree to collect my child on time, and/or inform SSD who will collect my child on time.

**Further Information**

Do you give consent for your child to have his/her photo taken which may be used on our website or for publicity and displays? **Yes / No**

Any other information you would like us at Sierra Sports Development to know.

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**\*I understand and agree to the terms and conditions of this parental agreement.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note we cannot accept this form for registration without a signature.**

**Illness**

If your child is unwell, please do not bring them to the holiday club. The best place for a child who is unwell is at home. If your child has sickness or diarrhoea, then please allow 24 hours to elapse before they return to the club. Please inform a member of staff of your child contracts any transmittable illness (chicken pox, measles etc.)

**Medical Conditions**

In the event of a medical emergency involving your child or a serious accident, the staff will contact you as soon as possible. If we are unable to contact, you or your named second emergency contact we will accompany your child to hospital. We are unable to give permission for any form of treatment, so it is very important to have up to date contact numbers available. First aid trained staff will administer basic first aid on a day to day basis and this will be recorded on the first aid book.

If your child has a long term medical condition such as asthma or eczema, you must advise a member of staff and complete a medical consent form before leaving your child in our care. All medication will be kept in a safe place and administer as per your instructions. A medical consent form must be completed, and no medicine can be administered unless prescribed by a doctor.

**Inclusion**

If your child demonstrates behaviour difficulties, please inform us so that we can plan appropriate resources to enable inclusion in the group.

If a child demonstrates **persistent** difficult behaviour, we would refer to our behaviour policy procedures.

**Child Protection**

In accordance with the guidance in ‘Working Together to Safeguard Children (2015)’, if we have cause for concern regarding the physical and emotional well-being of your child, we will in most cases, first discuss our concern with you. In certain circumstances it may be necessary to directly refer the concern to children services/education welfare department.

**Collection of children and other safety issues**

We will only release your child to the person(s) named on the registration form. If there are any changes to your details, please notify us immediately. Your child will not be released into a stranger’s care or anyone not listed on the form.

If you are unable to collect your child and have made alternative arrangements, please contact us as soon as possible.

Access to the holiday club is through a security gate. Please help us keep your children safe by closing the gate behind you when you are entering or leaving the building.

**Late collection charge**

The operating hours for the holiday club are 10.00am-3.00pm. **If your child is not collected by this time, you may incur a late fee charge of £5 for every 10 minutes.**

Email:Sierra-sports@outlook.com