

SPORTING LAND APPLICATION FORM

February 2019

Child's First Name(s): _____ Child's Surname: _____

Child's Date of Birth: _____ Child's Age: _____

Child's School: _____

Adult's Home Address: _____

Adult's Postcode: _____ Adult's Contact Number: _____

Adult's Email (BLOCK CAPS) _____

Early Start: 8.00am – 9.45am Sporting Land: 10.00am – 4.00pm Aftercare: 4.05 – 6.00pm

January 2019	Monday 18 th POOL PARTY!!	Tuesday 19 th	Wednesday 20 th CINEMA TRIP	Thursday 21 st	Friday 22 nd <i>Fish and Chips!</i>
Early Start £3.60 or £5.00*	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sporting Land £17.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> £20.00	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare £3.60 or £5.00*	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

***£5.00 Includes snack and drink before 9am and/or after 5pm.**

Swimming - Children can only attend our scheduled swimming sessions if they are known to be able to swim one width (9m) of the swimming pool at 1m depth without the use of armbands.

Do you wish your child to swim (please circle) YES / NO

External Trips – on occasion we may take the children on external trips to the Plaza Cinema in Crosby (additional charges may apply and will be clearly advertised).

Are you happy for your child to attend (please circle) YES / NO

Payment Method: Are you paying via childcare vouchers (please circle) YES / NO. If yes, please see our childcare voucher payment policy on our website

Please turn over

Emergency Contact Details – Two emergency contact details must be given. This is a safeguarding measure.

1: Full name & relationship to child: _____

Mobile: _____

2: Full name & relationship to child: _____

Mobile: _____

Please give details of any **medical conditions**, allergies, disability etc that may be important in the event of an emergency.

To increase safety at Sporting Land, each Parent/Guardian will be allocated up to 3 fobs which must be presented to a member of staff on collection. We also require a password for each family. Please list below up to 3 nominated individuals who may collect your child.

Name 1. _____

Name 3. _____

Name 2. _____

Password. _____

GDPR	<i>We need your consent to store and process your information. The way in which we store and use your information is referred to in the Merchant Taylors' Schools Privacy Notice which can be found on the Merchant Taylors' Schools website.</i>
Marketing	<i>We would like to send you information via email about Sporting Land and potentially other activities available in the Ian Robinson Sports Centre and at Merchant Taylors'</i> <i>Do we have your consent to do this: Yes: <input type="checkbox"/> No: <input type="checkbox"/></i>

By signing this application form I agree that I have read, understood and will adhere to the existing, and to any updates of the full terms and conditions of booking (available upon request) for this programme and all future programmes attended. You shall also consent to 1st aid being carried out by a member of staff

Signature: _____

Print Name: _____

Date: _____