



# SPORTING LAND APPLICATION FORM

## October 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**

Oct/Nov 2019	Mon 28 <sup>th</sup> Orienteering Hunt	Tues 29 <sup>th</sup> Tournament Tuesday	Wed 30 <sup>th</sup> Cinema Trip	Thurs 31 <sup>st</sup> Halloween Party	Fri 1 <sup>st</sup> Fish and Chips
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"/> Cinema £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.**

**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 common **medical conditions**, allergies, disability etc that may be important in the event of an emergency. You may also be asked to complete an additional care plan form to allow our first aid trained staff to have a better understanding of your child's condition.

\_\_\_\_\_

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 **(Including yourself)**.

Name 1. \_\_\_\_\_

Name 3. \_\_\_\_\_

Name 2. \_\_\_\_\_

Password. \_\_\_\_\_

<b>GDPR</b>	<i>We <b>need</b> your consent to store and process your information. Please see the Merchant Taylors' Schools Privacy Notice which can be found on the Merchant Taylors' Schools website.</i>
<b>Marketing</b>	<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? <b>Yes:</b> <input type="checkbox"/> <b>No:</b> <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 1<sup>st</sup> aid being carried out by a member of staff.

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

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

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