

FOR OFFICE USE:	
First Session date:	
Charity Log ID:	
Membership No:	



Families InFocus (Essex)

Supporting families of children with disabilities and special needs

SATURDAY ACTIVITY CLUB REGISTRATION FORM

(Please use block capitals)

PRIMARY PARENT/CARER:	
First Name/Surname	
Address	
Town	
Postcode	
Contact Number:	
Mobile Number:	
Email:	

ACCOMPANING PARENT/CARER:	
First Name/Surname	
Address if different:	
Town	
Postcode	
Contact Number:	
Mobile Number:	
Email:	

Primary Parent/Carer racial/ethnic origin: Please tick description which applies:

White/British	<input type="checkbox"/>	Mixed White/Black African	<input type="checkbox"/>
White/Irish	<input type="checkbox"/>	Mixed White/Asian	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>
Black British Caribbean	<input type="checkbox"/>	Asian/Asian British/Indian	<input type="checkbox"/>
Black British African	<input type="checkbox"/>	Asian/Asian British/Pakistani	<input type="checkbox"/>
Other Black	<input type="checkbox"/>	Asian/Asian British/Bangladeshi	<input type="checkbox"/>
Mixed White/Black Caribbean	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>		

CHILD WITH SEND:	
First Name/Surname	
Date of Birth:	
Male of Female	
Description of child's special need/disability	
Does child have a Statement of Special Educational Need	
Name of Nursery/School attending	YR GROUP:

Name all siblings under 19 years old (whether present or not)				
FIRST NAME/SURNAME	DOB	MALE OR FEMALE	SPECIAL NEED/DISABILITY (if applicable)	STATEMENT OF SPECIAL EDUCATIONAL NEED

PLEASE TICK THE OPT-IN BOX IF YOU CONSENT FOR YOUR DETAILS TO BE ADDED TO OUR DATABASE OR REGISTERED FAMILIES INFOCUS SERVICE USERS

DISCLAIMER:

Families InFocus (Essex) is unable to take responsibility for the welfare of children attending the Saturday Activity Club. You are therefore required to agree to sign the following disclaimer:

I.....(Primary Parent/Carer) hereby take full responsibility for the child(ren) in my care whilst attending the Saturday Activity Club, will supervise him/her/them at all times and will be liable for any damages that may be incurred as a result of his/her/their actions.

Signed: Dated:

GYMNASTICS/TRAMPOLINE CONSENT FORM

For Children under 18 or adults with a learning disability who are taking part in the Disability Sports session, Parents, Guardians or Carers will need to complete the following information as a condition of participation in the event:

I (Primary Parent/Carer) consent to the following named child(ren) to take part in Gymnastics and or Trampolining (tick which apply).

FULL NAME OF CHILD:	
FULL NAME OF CHILD:	
FULL NAME OF CHILD:	
FULL NAME OF CHILD:	
FULL NAME OF CHILD:	
FULL NAME OF CHILD:	
FULL NAME OF CHILD:	

I confirm that the above do not have any of the following conditions: **Heart condition, Brittle bones, Rodded back and or Downs Syndrome.** I am not aware of any other medical reason which makes it inadvisable for any of the above named children to participate in the sports session.

Signed: Dated:

Information regarding Children with Downs Syndrome

Children with Downs Syndrome who are susceptible to Atlanto Axial Instability are considered by British Gymnastics to be a high risk group. The following guidelines have been prepared in conjunction with the British Gymnastics Medical Commission to protect the health and safety of the participate.

Participation in gymnastics and trampoline events by children with Downs Syndrome is permitted subject to the following provisos.

Screening of children with Downs Syndrome must be undertaken by a qualified medical practitioner (ie: GP, Orthopaedic or Paediatric Consultants, School Medical Officers, Doctor or qualified Physiotherapists) to ensure that:

1. There is no evidence of progressive Myopathy in the participate.
2. That neck flexion to allow the chin to rest on the chest is possible.
3. That the person has good head and neck muscular control.

I confirm that (Child named) has been diagnosed with Downs Syndrome but has been screened by a qualified medical practitioner and is not susceptible to Atlanto Axial Instability as set out above.



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PHOTOGRAPHY CONSENT FORM

(Data Protection Act 2018)

Child's Name	
Parent/Carer Name	
Full Address:	
Contact Tel No:	
Email Address:	
Location of Photography	Saturday Activity Club, CSAC, Salerno Way, Chelmsford, CM1 2EH
Date of Photography	Any sessions held from 2 nd September 2018 onwards

We would like to take photos/film and/or comments of you/your child (as applicable) as a record of the day and for promotional purposes.

These images may appear on our website and email newsletters, in our printed materials produced for promotional purposes including leaflets, poster and adverts, in materials sent out to the media, or in reports to funding bodies.

We will not include personal e-mail or postal addresses, or telephone numbers on our website or in printed publications. Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

To comply with the **Data Protection Act 2018**, we need your permission before we take any photographs/film of you/your child.

Please answer the questions below, then sign and date the form as indicated.

CONDITIONS OF USE:

- This form is valid for 5 years.
- We will not use the photographs/film for any other purposes than those mentioned above.
- We will not include personal details (such as postal addresses, or telephone numbers) on our website, printed materials or other marketing/promotional materials.
- Copyright of photographs taken will remain with the organisation named above.

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

Do you give us permission?

Yes

No

Parent/Carer signature	
Today's date	