|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date** | **/ /** | **Girl**  **Boy**  **Undisclosed** | |
| **Name of Child** |  | | |
| **Age** |  | **Date of birth** | **/ /** |
| **Address** |  | | |
| **Postcode** |  | **School Attend** |  |
| **Emergency tel number** |  | | |
| **Email address** |  | | |

**We’d love to keep you posted about Salford Community Leisure's upcoming activities and exciting events as well as special offers. To keep in the know via email please tick here.**

*You will be able to withdraw your consent at any time via email.**Salford Community Leisure’s privacy policy is available on our website*

**Does the child have any medical condition, allergies or disability that we need to be aware of: No**  **Yes**

*If yes please give details:*

**Information for Parent / Guardian**

* SCL staff the organisers of the activities are not allowed and cannot be responsible for the administering of prescribed medication.
* All attending children must remain in their allocated bubble for the duration of the activity each day. SCL staff will make all children aware of which bubble they are in on arrival. Bubbles will not be interchangeable.
* All adults and children must not attend sessions for any purpose if displaying symptoms of COVID-19, if they have tested positive or have been instructed to self-isolate.
* All adults and children must adhere to social distancing on site during drop-off/pick-up periods. Single direction flow must be followed where applicable.
* All items of clothing, jewellery, mobile phones etc remain the sole responsibility of the owner, SCL staff are under instruction ‘not to be responsible for the safekeeping of any such items’.
* SCL will take photographs of children attending the activities and use these photographs in Marketing and Social media activity for Salford Community Leisure and Healthy Holidays Partners.

**I sign below to confirm I have read and understood the above information and**

**I give my consent that my child is allowed to take part in activities.**

|  |  |
| --- | --- |
| **Signature of Parent / Guardian** |  |
| **Name of Parent / Guardian** |  |
| **Tel number Parent / Guardian** |  |

**Please note: If this form is completed off site, we will phone the parent / guardian for confirmation that consent is given.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | *Office use only:*  Was the form completed on site **Yes**  **No**  *If No a confirmation call must be made* | | | |  |
| Confirmation call made by: Staff name |  | | |
| Date call made |  | Time call made |  |
|  | | | | | |