**August Activity Days**

**Registration & Parental/Guardians Consent Form**

We ask for your contact details so we can deliver an excellent service to you, we will use the most relevant channels below to communicate any changes in Pioneer Activity Days and contact you should there be an emergency. Anything written on this form will be held in confidence. Our instructors need to know these details in order to meet the specific needs of your child.

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Please register my child for the following Activity Days (9.00am – 3.30pm)

🞏 Monday 12th 🞏 Tuesday 13th 🞏 Wednesday 14th 🞏 Thursday 15th 🞏 Friday 16th

Please ensure each child brings their own packed lunch and water bottle.

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Activity days cost £17.50 per day, per child.

I enclose full payment of £………..for……….. (no. of days) and ……….. (no. of children)

(Cheques should be made payable to ‘Action Centres UK Ltd.)

Forms must be received, with payment. No refunds will be mad e for ‘no-shows’ or if a place is cancelled **later than 1 week in advance**.

I give permission for my child to attend Pioneer Centre holiday activity days; some activities will be outdoors.

**Personal Details**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick below if you consent to:

🞏 Being contacted about future Pioneer Activity Day events

🞏 Being contacted about offers, promotions or other marketing materials from NAYC & ACUK that we think may be of interest to you

**Facebook Group**

The most up to date information will be posted in our Pioneer Activity Days Facebook group, we’d love for you to join this group. If you would like us to invite you to this group please leave your Facebook name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details**

Emergency telephone contact numbers:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and telephone no. of GP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of any known medical issues/ongoing treatments or medication currently taking:

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

I will inform the instructors of any important changes to my child’s health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**Photography and Video**

As the parent/guardian of the child named above, I hereby give NAYC & ACUK permission to take any photographs or videos of this child to be used in any future NAYC & ACUK marketing such as promotional materials, the website and social media.

🞏 Yes 🞏 No

I have been made aware that the Pioneer Activity Centre has a child protection policy & their commitment to ensuring the safety of my child by having;

* An instructor/volunteer code of behaviour
* Clear recruitment policy which includes vetting
* Disciplinary procedures
* A designated person for child protection
* Clear reporting procedures

I confirm that all details are correct to the best of my knowledge and I am able to give parental/guardian consent for my child to participate in all activities.

Signature of Participant/Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this form and your payment to:

The Activities Coordinator, Pioneer Activity Centre, Cleobury Mortimer, Shropshire, DY14 8JG

or enquiries@pioneercentre.org.uk