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| --- | --- | --- | --- |
| Childs Name: | | | Childs DOB: |
| Address: | | | |
| Age of child: | | | Postcode: |
| Email Address: | | | |
| Home Number: | | Mobile Number: | |
| 1st Emergency Contact Name and contact for track and trace: | | | |
| School Child Attends: | | | Year Group: |
| Is the child eligible for: | Free School Meals: | | Child in residential care in Tameside: |
| Additional Needs or Dietary needs for your child: | | | |
| Dietary needs of people living in your house: | | | |
| Number of Adults in your house: | | | Number of children in your house: |
| *Food Hampers will be delivered to the address listed above during the half term. Please ensure all the information above is completed and correct.* | | | |
| Medical Details: (Asthma, Allergies, Illnesses, Disabilities etc.) | | | |
| Due to current pandemic of Covid 19 Please can you complete sign below on behalf of your child, that they have not displayed any of the following symptoms in the past 7 days.  They do not have Covid 19.  They do not have temperature over 37.9.  They do not have a persistent cough.  They do not have a shortness of breath.  They do not have any loss or change to their sense of smell and taste.  They have not encountered anyone with Covid 19 or been contacted by tract and trace.  They have not been advised too self-isolate.  Please tick to confirm you agree to all above.  Name of Parent/ Career­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed parent/Career ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Booking Form February Half term 2022 – The Village Club GX**

I have read and accept the conditions of booking and other information relating to the booking. The organising authority/organisation carries public liability insurance and all staff have been registered and hold appropriate qualifications. From time to time, it may be necessary to take children off the main campsite for activities, by signing below you are agreeing to this.

|  |  |
| --- | --- |
| Parent/Career Sign: | Date: |
| Social Worker Sign: | Date: |

**Holiday Camp Photography Consent Form**

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| Name of young person being photographed |  |
| Name of Parent/Career |  |
| Contact Number |  |
| Email Address |  |
| Active Tameside would like to take your photograph for promotional purpose. These images may appear as part of our publicity campaign in and around the borough on social media, website, local media or as part of promotional material for the organisation.  To comply with Data protection Act 1998 and GDPR guidelines we need written permission before we take any photograph or recordings of you. Anyone under the age of 18 must be given consent by parent/guardian.  Active Tameside recognises the need to ensure the welfare and safety of children.  Active Tameside will take all steps to ensure these images are used solely for the purpose they intended.  If you become aware that these images are being used inappropriately you should inform the manager immediately.  If you agree please tick the appropriate boxes and sign and date. The information can be kept up to 3 years.  I agree to photographs/videos being taken for promotional use.  I agree to photography /videos to be used for social media and websites.  Parent/ Career Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |