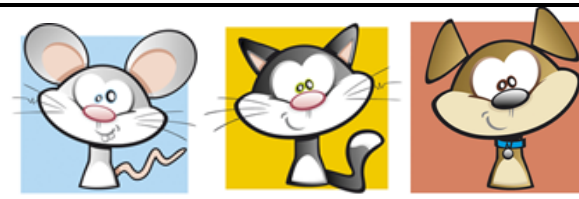


ACTIVITY CAMPS



Croydon High Sports Club Activity Camp Registration Form 2016-17

Child's Name _____ M / F (circle) Date of Birth _____ Age _____

Parent / Carer Name _____ Home Tel _____

Mobile Tel _____ Emerg. Contact Name _____

Relationship _____ Emerg. Contact Tel _____

Consent

Yes No

- I give permission for this child to receive first aid treatment
- I give permission for this child to participate in swimming sessions
- I give permission for this child to be included in promotional photographs
- I give permission for this child to return home **unaccompanied**

Swimming Ability

Yes No

- Able to swim at least 10m unaided

Bullying

Croydon High Sports Club operates a strict **no bullying** policy. All children are to make a member of staff aware immediately if they believe they are being bullied. If bullying is suspected both sets of parents will be contacted. If the complaint is upheld the child will be removed from Camp immediately (without a refund).

Valuables and money

Parents are discouraged from allowing children to bring valuables (i.e. mobiles, ipods etc.) with them to Camp. The Sports Club will not take any responsibility for valuables or money brought

onto site. It is recommended that a maximum of £1 is brought to Camp for tuck shop for Mini Mice and £2 for Cool Cats and Top Dogs who are also allowed to use the vending machines.

Information

Please inform us of any relevant information that staff should be made aware of e.g. medication (below), allergies, dietary problems, history of difficult behaviour, ADHD, toilet requirements

Medication Authorisation

Type of medication	Dosage	Frequency	Possible side effects
_____	_____	_____	_____
_____	_____	_____	_____

- All medication is to be clearly labelled with the name of child, type of medication, date of expiry and if refrigeration is required.

If an Epipen is required 2 must be brought on site; 1 must be kept by the child and 1 by the management.

Medication Record

To be completed each day to ensure doses are not duplicated.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time of previous dosage					
Administered by					
Date					

To be completed during the day and signed by the parent / carer at the end of the day.

Date	Dosage	Time	Administered by	Parent / Carer Signature

Signed (Parent or Carer) _____ Date _____

Signed (Parent or Carer) at end of day (if medication given) _____