

CHILDREN'S SERVICES

"Go For it!" Registration/Consent Form

From Thursday 1st April 2010 to Thursday 31st March 2011 for a wide variety of activities as described in the Go for it in Lincolnshire Programmes.

1. Young Person's First Name: Surname:

Date of Birth: / / Male Female

Address

Post Code

Home Telephone Mobile

Email Address

2. What is your ethnic background?

White British Irish
 Any other White Background Please specify _____

Mixed White and Asian White and Black African
 White and Black Caribbean
 Any other Mixed background Please specify _____

Asian or Asian British Bangladeshi Indian Pakistani
 Any other Asian Background Please specify _____

Black or Black British African Caribbean
 Any Other Black Background Please specify _____

Chinese or Chinese British Chinese

Prefer not to say

3. More information about you

What is your religion?

What is your First Language?

Please tick any of the following that you feel describe you:

Asylum Seeker / Refugee

In Care (Residential)

From Traveller Family

Looked After (Fostered)

Care Leaver

From Migrant Worker Family

Young Carer

Young Parent

4. Individual Needs - Would you describe yourself as having any of the following:

Health Impairment

Hearing Impairment

Learning Impairment

Physical Impairment

Sight Impairment

Wheelchair User

5. Photo Release Form

Lincolnshire County Council and its partners often take photographs for publications or publicity purposes.

These images may appear in our printed publications, website and other publicity materials. We may also send them to the news media. Before we take pictures of you, or your children if under 16, we need your permission.

Please sign and date this section on the grey area to confirm that we may use your image in this way.

This form is valid for two years from the date of signing but you may withdraw your consent at any time during this period by notifying us.

Signature:.....**Date:**.....

Please print your name in capitals (or your child's name if appropriate):

.....

6. Emergency Details Who should we contact in an Emergency?

Name of Contact

Relationship to your child

Telephone Number Mobile

Please tell us about any medical conditions your son/daughter may have and any regular medication they need to take (not including contraception) :

Medical Information

Doctor

Address

Tel No: NHS No.

Is your son/daughter allergic to any medication, insect bite, food etc? Yes No
If yes please specify

To the best of your knowledge has your son/daughter during the last 4 weeks been in contact with, or suffered from, any disease that may be or become contagious or infectious?

If yes please specify:- Yes No

Has your son/daughter had a tetanus injection? Yes No

Please list any other relevant information below including existing medical conditions that do not require medication or treatment at the moment.

Please outline any special dietary requirements:

If participating in activity including water is your son/daughter able to swim? Yes No

PLEASE INFORM US AS SOON AS POSSIBLE OF ANY CHANGES TO THE ABOVE INFORMATION AND ANY CIRCUMSTANCE THAT MAY AFFECT THIS/THESE ACTIVITIES.

7. DECLARATION

I agree to _____ taking part in the activities on 'Go for it! and having read the information sheet and agree to his/her participating in any or all of the activities/venture described. I acknowledge that there is an element of risk involved when participating in "adventurous activities" and that these activities/ventures are run by competent leaders.

I do not wish my child _____ to take part in the following activities (complete if applicable to activities) _____

I understand that reasonable care will be taken of my child during the activities and that he/she will be under an obligation to obey to all instructions given by the staff in charge and observe all rules and regulations governing the 'Go for it! programme.

I understand that if my child seriously misbehaves or is the cause of danger to themselves or others then he/she may be sent home early from the activity/venture. In such situation there will be no obligation on the organiser to refund any money.

I consent to any necessary or emergency medical treatment, including anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

If my child's fitness is in any doubt on the day of the venture, I will notify the party leader, who will make the final decision as to whether they may participate.

DON'T FORGET TO SIGN HERE AS WELL

You need to sign here to give your permission for your child to participate on the 'Go for it' programme and to agree .

Signature _____ Date _____

Print name _____ Relationship _____

The information that you have supplies will be used by Lincolnshire County Council Children's Services for administrative and statistical purposes and will be processed in accordance with the Data Protection Act (DPA) 1998 and other associated legislation. The Registered Data Controller under the DPA is Lincolnshire County Council. The information will NOT be sold or given to any other organisation(s) for the purposes of marketing.

The information provided will be made available to all appropriate staff, involved in the delivery of the 'Go for it!' Programme, especially where safety and care of the applicant is involved.