



Summer Adventure Camp Booking and Medical and Consent form

Number of children attending:

Name of Child(ren):

Date of Birth:

1.

2.

Address of Participant & Contact name/
next of Kin:

Telephone number:

Does your child have any learning difficulties and/or a disability, which we will need to consider when conducting activities:

Medical conditions - it is essential that all medical conditions and any medications needed are detailed in full. Please use separate sheet if necessary:

Details of any special dietary requirements including allergies:

Please indicate if you do not want your child's photograph to be used by Ignite in any promotional material:

I acknowledge receipt of and understand the information regarding the proposed activity and consent to my child participating in the activities.

I have ensured that I understand the information for my child's safety and for the safety of the group that any rules and instructions given by the staff are to be followed. I understand that any misbehaviour of my child will result in him/her being removed from the Visit/Activity and that I will need to pick him/her up from the activity immediately (if during an overnight this may include a night time pick up). In these circumstances I am aware that I will not be eligible for any refund.

I am aware that I need to advise of any changes to the above information prior to child's visit to the centre.

Signed (Parent/Guardian/Carer):

Date: