**ACTIVE TAMESIDE**

**Holiday Activity Summer 2020**

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| **This Form must be completed by School or a professional from Children’s Services.** | | |
| Childs Name: | | Childs DOB: |
| Address: | | |
|  | | Postcode: |
| Email Address: | | |
| Home Number: | Mobile Number: | |
| 1st Emergency Contact Name: | | |
| 1st Emergency Contact Number: | | |
| Medical Details: (Asthma, Allergies, Illnesses, Disabilities etc.) | | |

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| Active Club Holiday Camp name and dates required. |  |  |  |
| *Please detail the Active Club Camp dates you require subject to availability* | | | |

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| From time to time we would like to take the take children away from the main site of the Holiday Camp to do activities at the Tameside Cycle or Athletics facility. **If you** **are not happy to allow this please tick this box.** |
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I have read and accept the conditions of booking and other information relating to the booking of Active Tameside’s Looked After Children. 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.

|  |  |
| --- | --- |
| Signed by referrer  Contact number | Date |

**Please return form via email to**

**[HolidayCamps@activetameside.com](mailto:HolidayCamps@activetameside.com)**

**No booking will be guaranteed without the form being completed and conformation confirmed via email.**