

## Fun in the Sun Consent Form

Please complete **all** sections of the form in **BLOCK capitals** and take to the first session that your child attends. They will not be able to take part without it. There is no need to book, however places are limited and will be allocated on a first come first served basis.

Please complete this form giving as much detail as to enable the coaches to understand and be aware of any care the attendee may require. Our aim is to try and encourage the attendee to participate in as wide a range of sporting and leisure activities as possible.

Course details (if applicable)	
Venue:	Dates:

**Failure to return this completed form and any booking fee will result in the attendee being unable to take part.**

Personal details (attendee)	
Name:	Gender:
Date of birth:	Age:
School:	Year group:
Home address:	
Postcode:	
Parent/Guardian/Carer details (these details will be used in an emergency)	
Name:	Relationship to attendee:
Home number:	Daytime number:
Mobile number:	Email:
Address of parent/guardian/carers (if different from above):	
Postcode:	
Emergency contact numbers (additional to above)	
Name:	Relationship to attendee:
Mobile number:	Daytime number:

Medical details	
Does the attendee suffer from any of the following conditions? (please tick all that apply)	
Heart problems <input type="checkbox"/>	Asthma <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Migraine <input type="checkbox"/> Fits or faints <input type="checkbox"/>
High blood pressure <input type="checkbox"/>	Diabetes <input type="checkbox"/> Chest complaints <input type="checkbox"/> Wheezing/Coughing <input type="checkbox"/>
If you have ticked any of the above, please provide details:	
Is the attendee allergic to anything (e.g. plasters, food, drugs)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details	

<p>Is the attendee taking any medication? If yes, please provide details below Type:</p> <p>Dosage:</p> <p>Side effects:</p> <p>When taken:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does the attendee have, or had, any other medical condition not already covered that we should be aware of? If yes, please provide details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are we likely to have to administer any medication during the session? If yes, please provide details of the medication, dosage and when it should be administered:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Will the attendee require any assistance with any of the following: Dressing: Yes <input type="checkbox"/> No <input type="checkbox"/> Eating/Drinking: Yes <input type="checkbox"/> No <input type="checkbox"/> Toileting: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:</p>	
<p>Name and contact number for family doctor:</p>	
<p>Has the attendees doctor given permission (if necessary) to exercise? If yes, please provide written confirmation from your doctor or parent/carer</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are there any specific activities that the attendees doctor has advised to avoid? If yes, please provide details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are there any other reasons not already mentioned why the attendee should not partake in physical activity? If yes, please provide details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>Disability, social, behavioural, emotional issues</b>
<p>Does the attendee have any of the following physical/learning impairments? Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Multiple impairments <input type="checkbox"/> Learning <input type="checkbox"/> Mobility/joint <input type="checkbox"/></p>

If you have ticked any of the above, please provide details:

Does the attendee have any social, behavioural, emotional issues that we should be aware of? Yes  No   
If yes, please answer the following questions

What is the nature of the issue?

Are there any signs/behaviour patterns that staff should be aware of?

How should staff deal with the issue?

Please describe any disability or impairment, allergies, dietary requirements

Please provide any general information that may be helpful about the attendee (this may include hobbies, interests, social interaction, behaviours etc)

**Travel**

How will the attendee be travelling to and from the sessions?

Cycle/Walk home on own or with friends  Collected by another adult   
Please provide details:

Collected by parent/guardian

**Photography/video recording**

Wiltshire Council officers (including staff photographers) and media may take photos and film footage as a record of our programmes. These images may be used to promote or publicise the work of Wiltshire Council and its partner organisations, using television, electronic and print media, Wiltshire Council and partner websites, social media, promotional videos, publicity brochures, displays and exhibitions. Any images will only be stored and used by the council for two years.

I **give permission** for my child's photograph/image to be used as stated above

*Please note that websites can be viewed throughout the world, not just the UK, where UK law applies, and could be in circulation for more than 2 years once put online.*

**Wiltshire Council activities**

Wiltshire Council runs a number of programmes and events. Following participation in this programme you may be sent future publicity material about these events.

I **would like** to receive future information from Wiltshire Council and its partner organisations

I **give permission** to be contacted via text and email from Wiltshire Council and its partner organisations

The information provided on this form will be held under the Data Protection Act 1998 by Wiltshire Council and used by us to compile and administer Wiltshire Council databases. If you have any questions regarding the processing of personal data or you wish to see your personal data please contact [dataprotection@wiltshire.gov.uk](mailto:dataprotection@wiltshire.gov.uk) or The Corporate Information Team, County Hall, Bythesea Road, Trowbridge, BA14 8JN.

## Declaration, Terms and conditions (for bookable and chargeable events/activities)

By booking your chosen event or activity, you confirm that you and all other attendees have read, understood and accepted the following terms and conditions, which are the only terms and conditions which shall apply and which cannot be altered in any way.

1. The term "attendee" means any person named on your booking form to attend the relevant activity and includes you wherever appropriate. The term "activity" means the single event or activity, or any activity within the programme of activities, set out on your booking form.
2. All attendees must arrive at least 5 minutes prior to the start of the activity.
3. All attendees must dress appropriately for the activity, for example sports clothing, including waterproofs and sun cream as applicable.
4. All attendees must comply with signs and other published rules for participation in the activity, for example relating to behaviour and sports rules. Wiltshire Council reserves the right to exclude from the activity anyone breaking such rules and/or causing nuisance to other users of the activity or those in nearby premises. Such breach could result in the activity being terminated or withdrawn from attendees without refund.
5. Bookings are non-transferable.
6. All attendees agree to take part in the activity having read and understood the information provided by Wiltshire Council.
7. You confirm that all attendees are in good health and are considered capable of taking part in the activity.
8. You confirm that any medical details have been completed accurately and in full on the consent form either by the attendee or (where the attendee is under the age of 18) by an adult with responsibility for the attendee. You confirm that none of the attendees suffers from any other medical condition than those listed on the consent form. Any changes in circumstance/health must be notified to Wiltshire Council's sports development team immediately on telephone number: 01380 826305.
9. In the event of any illness/accident you confirm that all relevant consents are given for any necessary emergency medical treatment to be administered to the attendee, which may include the use of anaesthetic. You authorise a representative of Wiltshire Council to sign any written form of consent required by medical authorities on behalf of an attendee wherever such authorities consider that failure to provide such consent may endanger the attendee's health. You also confirm your consent (and that any other required consent is given) for Wiltshire Council to pass on the medical details provided under paragraph 8 to such authorities. In such circumstances all reasonable efforts will be made to contact you prior to this action being taken.
10. Any cancellation must be notified in writing to Wiltshire Council's sports development team on telephone number: 01380 826305. You are liable for the full fee if you cancel within 7 days of the commencement date of the activity. A refund may be offered if you cancel at least 8 days before the commencement date of the activity, but will depend on circumstances and is at Wiltshire Council's sole discretion.
11. Payment terms are as set out on the consent form. If you fail to pay any amount by the due date, Wiltshire Council reserves the right to cancel the activity and will only refund any amount already paid at its sole discretion.
12. The sports development team and other Wiltshire Council personnel, in pursuance of their official duties, have the right of entry at all times to the activity venue.
13. Wiltshire Council does not exclude or limit in any way liability for death or personal injury caused by our negligence or the negligence of Wiltshire Council personnel, or any other liability which we cannot by law exclude.
14. Subject to paragraph 13, Wiltshire Council excludes to the fullest extent permitted by law any and all liability for loss, damage or injury incurred in connection with the activity. This includes, but is not limited to the following:
  - a. Wiltshire Council accepts no responsibility for any unaccompanied attendees before or after the designated activity times;
  - b. Attendees bring all personal belongings to the activity at their own risk. Wiltshire Council accepts no liability for loss or damage to such property; and
  - c. Attendees park their cars on the premises of the activity at their own risk. Wiltshire Council accepts no liability for loss or damage to cars and their contents.
15. Attendees are responsible for arranging any additional insurance cover as appropriate. Wiltshire Council will only arrange third party and public liability insurance in respect of the activity.
16. Wiltshire Council may remove and store any property left at the activity by you or any other attendee after the end of the activity. If after receiving notice, you fail to arrange for the property to be collected within 7 days, we may dispose of the property without further notice or liability to you or any attendee.
17. Wiltshire Council reserves the right to cancel or reschedule the activity at any time. For cancellation or rescheduling not caused by events beyond our reasonable control, we will endeavour to give you as a minimum 14 days' notice.
18. In the event of cancellation or your rejection of any rescheduling arranged pursuant to paragraph 17 (above) any fee already paid by you will be refunded less any amounts due from you to Wiltshire Council, but we will not be responsible for any other expenses or losses incurred by you as a result of a cancellation or rescheduling.
19. Photography/Video Recording Disclaimer: Permission is granted for any photography/video imaging taken by Wiltshire Council as confirmed on the consent form.
20. Wiltshire Council will only use the personal information provided about you and any attendee to provide the activity, process your payment, compile and administer Wiltshire Council databases. We will not give the personal data to any third party, except where required for medical reasons in the specific circumstances set out in paragraph 9.
21. Where applicable, you confirm your consent (and that any other required consent is given) for all attendees to travel to and from the activity on transport provided by Wiltshire Council.
22. Each of the paragraphs of these terms operates separately. If any court or relevant authority decides that any of them are unlawful, the remaining paragraphs will remain in full force and effect.
23. These terms are governed by English law. You and Wiltshire Council both agree to submit to the non-exclusive jurisdiction of the English courts.

Signature of parent/guardian: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_