

## Short Breaks Consent Form



Please complete the details below for you or your son/daughter/child/vulnerable adult in your care. Separate forms should be completed for each participant taking part in the activity.

### Participant's Details

### Participating in: Short Breaks Activity Club

Full Name:		DOB:	
Address:	Gender: MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>
	Ethnicity:		
	ASIAN <input type="checkbox"/>	BLACK <input type="checkbox"/>	CHINESE <input type="checkbox"/>
	WHITE <input type="checkbox"/>	OTHER (state below)	
	<input type="text"/>		
Postcode:		Tel:	

### Parent/Guardian/Carers

Name:	
Address (if different to above):	Tel (home):
	Tel (mobile):
	Email:
	Relationship
Postcode:	

### Emergency Contact (if different from above)

Name:	Relationship:
Tel (daytime):	Tel (evening):

**Participant Medical Information**

(By participating in this activity I understand that Vivacity Leisure employees will not administer medication or provide personal care)

Name of Doctor:	
Address:	
Postcode:	Tel:

**Medical Conditions**

Please give full details of any medical conditions, disabilities or allergies that the participant may have and if they require medication throughout the duration of this activity. (Participant or Parent/Guardian/Carer must administer medication if deemed necessary)

**Photography / Film**

By consenting below you agree for any images filmed or photographed of YOURSELF or persons in your care to be used in Vivacity promotional material, at any time in the future. This includes any websites and social media operated by Vivacity Leisure.

\*Please tick box from the below statement as appropriate

*I consent Vivacity Leisure to use images of my child for publicity. Yes <input type="checkbox"/> No <input type="checkbox"/>
*I do not consent Vivacity Leisure to use images of my child for publicity. Yes <input type="checkbox"/> No <input type="checkbox"/>
* Signed (Parent/Guardian/Carer):

## Personal Possessions

By participating in this activity I understand that Vivacity Leisure employees accept no responsibility for the loss, damage or injury caused by or during attendance on any organised activity except where loss, damage or injury can be shown to result directly from negligence of the staff.

## Signature and Disclaimer

I AM THE INDIVIDUAL TAKING PART OR HAVE PARENTAL/GUARDIAN/CARER RESPONSIBILITY FOR THE NAMED PARTICIPANT. I HAVE READ THE INFORMATION SUPPLIED BY THE ORGANISERS AND AGREE TO ME/MY SON/DAUGHTER TAKING PART. I HAVE PROVIDED THE REQUIRED INFORMATION IN RESPECT OF MYSELF OR THIS PARTICIPANT.

SIGNATURE (Parent/Guardian/Carer):
PRINT NAME (Parent/Guardian/Carer):
DATE:

For more information please contact the Short breaks Team on 01733 863783 or email [shortbreaks@vivacity.org](mailto:shortbreaks@vivacity.org)

## Arrangement for Collection (complete if this is for a U18 or Vulnerable Adult)

\*Please tick box from the below statement as appropriate

*My child will make his or her own way home* Yes <input type="checkbox"/> No <input type="checkbox"/>
*My child will be collected from the venue* Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm details of any non-parent or guardian who will collect your child:



Vivacity Leisure is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the act. Further information relating to your rights under the Data Protection Act can be sent to you on request.