**TayPlay SPORT Ltd Child Information Form**

* TO BE COMPLETED BY PARENT

**This form MUST be COMPLETED FOR EACH CHILD AND TAKEN TO THE COURSE ON THE FIRST MORNING or HANDED INTO THE SCHOOL OFFICE WITH YOUR CHEQUE. Please hand this form the either the CAMP STAFF or SCHOOL OFFICE STAFF on registration upon arrival or prior within the academic year.**

**NOTE: We cannot accept your child into our care without this form.**

|  |
| --- |
| 1. **Participant Information details**
 |
| Participant Name |  | Date of Birth |  |
| 1. **Emergency contact details**
 |
| Parent/Contact Name |  | Relationship |  |
| Contact No. 1 |  | Contact No. 2 |  |
| 1. **Medical Information**
 |
| Dr/Surgeon Name  |  | Contact No. |  |
| Please detail medical, behavioural or special needs information we should be aware of (including allergies) within the space provided. Please continue on separate sheet if required. |
| Will your child need to take any prescribed medication during the camp? (If yes, you will need to complete the medical information form attached) | **YES or NO** |
| **PLEASE NOTE:** That by signing this form you acknowledge and consent that in the event of an accident, Injury, or Illness that we may have to take your child offsite to obtain medical assistance. |
| 1. **Permission to use Photographs and Videos**
 |
| We wish to take photographs and/or videos of participants within our camps. These Photographs and/or Videos may feature your child. By signing this form, you grant us permission to use the Photographs/or Videos in accordance with the terms of our Privacy Policy (which can be found on our website). Including in our printed publications, promotional materials, in the advertising of our services on our website and to distribute to our sponsors, affiliates and partner companies to use for the same purposes. Do you agree to images and videos being used for these purposes? | **YES or NO** |
| 1. **Disclaimer**
 |
| You accept that the sports & activities on any course involve an inherent risk of injury. We will undertake all necessary risk assessments and provide the courses in as safe an environment as possible and you accept that we will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activities on the camp and you waive all and any such claims against us. Nothing in this disclaimer shall attempt to limit in any way our liability for any matter for which it would be illegal or unlawful for us to exclude or attempt to exclude our liability. |
| 1. **Validity**
 |
| You accept that this information form is valid for a prolonged period of time – please see privacy policy. By signing below, you are hereby agreeing that if this form requires an update, then you will fill in a new one when provided when booking. |
| 1. **Signature**
 |
| **Please sign below:** (Signing below constitutes your permission for us to use photos and/or videos of your child unless you have opted out, and allows first aid/medical attention to be administered to your child on or offsite if necessary) |
| **Parent/Guardian Signature** |  | **Date** |  |

**Form: Medication Form**

**Completed by: Parent/Guardian & Camp Leader**

**Medication Form**

This form MUSTBE COMPLETED by the PARENT and the CAMP LEADER as well as the ADMINISTRATOR of the medication if different.

**NOTE:** This form is not valid without the Parent/Guardian signature.

1. **Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Leader** |  | **Date** |  |
| **Venue** |  | **Parent/Guardian Name** |  |
| **Child Name** |  | **Parent Guardian Signature** |  |

1. **Medication Details**

|  |  |
| --- | --- |
| **Name of prescribed medication** |  |
| **Administration Schedule** |  |
| **Childs Camp Leader** |  |
| **Secondary Camp Administrator**  |  |
| **Further Information** |  |

1. **Administration Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Administered by | Initial | Time (AM) | Time (PM) | Parent/Guardian Initial |
| MON |  |  |  |  |  |
| TUE |  |  |  |  |  |
| WED |  |  |  |  |  |
| THUR |  |  |  |  |  |
| FRI |  |  |  |  |  |

1. **Signature**

The above information is correct and I AGREE to the above staff members administering medication to my child.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian(PRINT) |  | Leader (PRINT) |  |
| Signature |  | Signature |  |
| Date |  | Date |  |