

CANALSIDE ACTIVITY CENTRE

**ACTIVITIES
FOR ALL ABILITIES**

AGES 9+

**Telephone
020 8968 4500**



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**

Consent Form

(Must be completed in **BLOCK CAPITALS** & in Ink)

First Name Last name.....

Address.....

..... Post Code.....

Phone..... Mobile.....

Date of Birth..... / / Age..... Male ☐ / Female ☐

If Your Child will be attending with their school please write the name:

School..... or Centre.....

Medical Information

Please give details of any medical conditions previous injuries or medication.
(Allergies/Epilepsy/Diabetes/Asthma etc) **Or any relevant information**

.....

.....

Does the above named consider themselves to have a learning difficulty or disability?* Yes No

**For example Dyslexia, ADHD along with other physical and mental disabilities.*

Trampolining

If the participant has any of the specific conditions detailed below, we cannot allow them to participate in trampolining:

CONFIRMED ATLANTO AXIAL INSTABILITY, DETACHED RETINA, RODDED BACK, PREGNANCY

Has your child had a tetanus injection within the last ten years? Yes ☐ / No ☐

Emergency Contact:

Name.....

Address.....

Relationship to participant

Home Phone..... Mobile..... **P.T.O.**

Water- Based Activities

Swimming Ability

Is your child able to swim more than 10 metres unaided? Yes ☐ / No ☐

Is your child confident in the sea or open inland water? Yes ☐ / No ☐

Do you consent to her/him taking part in swimming or water-based activities Yes ☐ / No ☐

IF THE PARTICIPANT IS UNABLE TO MEET THE ABOVE MINIMUM REQUIREMENTS THEY WILL

NOT BE ABLE TO PARTAKE IN ANY WATER ACTIVITIES

Declaration and consent

I understand that photographs, audio and video recordings of the participant engaged in Canalside activities may be used for promotional purposes and I hereby give my permission for this.

If you object, please tick this box ☐

Should I / My child require emergency treatment and Centre staff are unable to contact the named emergency contact person, I give permission for them to authorise the necessary emergency medical treatment including anaesthetic or blood transfusions, until the named person is contacted and arrives at the hospital. I understand the extent and limitations of the insurance cover provided.

The personal information that is provided on this form will be handled by the Royal Borough in accordance with the Data Protection Act 1998. The information provided will be used for the purposes of conducting day Activities. This information will only be used for these activities and their related purposes. The information provided by parents/ Legal Guardian will be disclosed to emergency contact officers and host facilities where deemed appropriate (i.e. dietary requirements.)

I hereby understand that any sensitive information collected here (i.e. medical information) will be handled in accordance with the Data Protection notice as stated above.

I am the Parent / Legal Guardian of the named child, I give my consent for them to participate in all activities with Canalside Activity Centre (Over 18's must sign for themselves).

PLEASE NOTE: Children and young people will not be taken on the activity if consent is not provided by the parent / Legal Guardian.

Signature.....

Print Name.....

Relationship to participant.....

Please choose/circle appropriate ethnicity code:

- | | | |
|--------------------|---------------|----------------------------------|
| 1. Albanian | 11. Chinese | 21. Turkish Cypriot |
| 2. Asian | 12. Filipino | 22. White & Asian |
| 3. Asian Other | 13. Indian | 23. White & Black African |
| 4. Black African | 14. Iraqi | 24. White & Black Caribbean |
| 5. Black Caribbean | 15. Iranian | 25. White British |
| 6. Black Somali | 16. Kosovan | 26. White European |
| 7. Black Congolese | 17. Kurdish | 27. White Irish |
| 8. Black Nigerian | 18. Moroccan | 28. Latin/South/Central American |
| 9. Black British | 19. Pakistani | 29. Other |
| 10. Black Other | 20. Turkish | 30. Not known/Prefer not to say |