

# Easter Holiday Camp - Registration Form

## 6th/7th and 12th/13th April, 10am - 3pm



### Personal / Contact details



Name		Date of Birth	
Address			
		Post Code	
Home Tel		Mobile	
Age		School	
Email		Sch Year	

### Health / Medical Details

GP Surgery			
Surgery Address			
	Post Code	Tel Number	
Relevant Medical Info			
Medication			

**What days will your child be attending:**      6th April      7th April      12th April      13th April

**Are you eligible to a sibling/TCFC discount?**      **Yes/No**

**By Signing this Form below I agree to the following:** *(delete if appropriate)*

- \* I agree to my child taking part in this activity and know of no health reason that should prevent him/her from doing so
- \* I agree to any required First Aid or Emergency Medical Treatment being given to my child
- \* I agree to my child's Health/Medical details being shared with other people/organisations if appropriate.
- \* I agree to photographic images being taken of my child participating in this activity and for such images to be used in printed/video/or website formay, provided they are used soely for the purposes of illustrating or promoting Football or Sport in general
- \* In the case of a serious accident or illness, do you give your permission for us to act in "loco parentis" e.g. taking your child to hospital and giving permission for treatment?
- \* I agree to make appropriate arrangements to collect my child promptly at the end of the session *(if you wish your child to make their own way home, please sign the seperate statement below)*

Please enter your ethnicity Code	<b>Code</b>	<b>For more information please contact</b>
1 = British / 2 = British Black / 3 = Black		Neil Jordain - 07810 836268
4 = British Asian / 5 = Asian 6 = Chinese		<a href="mailto:njordain@westdevon.gov.uk">njordain@westdevon.gov.uk</a>
7 = European / 8 = Other		<a href="http://www.tavistockcommunityfootball.co.uk">www.tavistockcommunityfootball.co.uk</a>

Name of Parent / Guardian <i>(please print)</i>			
Signature		Date	

**I agree to my child making their own way home without adult supervision**

*(please sign below)*

Signature		Date	
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<p><b>Please return this form to:</b></p> <p>Neil Jordain, Football Development Officer, West Devon Borough Council, Kilworthy Park, Tavistock, PL19 0BZ</p> <p><b>Please make cheques payable to Devon County Council</b></p>	<p>Under the Data Protection Act 1998, you have a right of access to your personal information. Upon your request, we will correct, change or delete inaccurate information about you. If you have any question relative to this form please contact the Football Development Officer, West Devon Borough Council.</p>
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PLEASE NOTE THAT ALL CHEQUES MUST NOW BE MADE PAYABLE TO;  
WEST DEVON BOROUGH COUNCIL