

Sports Activities Consent Form
Please complete and bring along to the course

I give consent for my child

Name Age

Date of birth

To take part in (name of course)

Address
.....
..... Postcode

Emergency contact number(s)

Please give details of any medical conditions e.g. Asthma/Special requirements
.....
.....

I understand that, whilst the staff in charge will take reasonable care of the young people, they cannot be necessarily responsible for any loss or damage to personal property or injury suffered to my son/ daughter arising from the scheme. Warwick District Council will only be responsible for the supervision of children during the stated times.

Photography: Press and Warwick District Council photographers may attend some sessions to either take pictures or film the activities taking place for advertising or promotional purposes. If you **do not** want your childs photograph taken please tick here

Swimming Ability: for activities identified on the programme as requiring children to be able to swim 200 meters unaided:

I confirm my child can swim 200 meters unaided Yes/No *
*Please delete as applicable

Parents/guardian name (please print)

Signature

Date