

# SPORTS ACTIVITIES CONSENT FORM

## I give consent for my child

Name ..... Age .....

Date of Birth ..... School attending .....

## To take part in Warwick District Council Community / Sports Activities

Address .....

..... Postcode .....

## Emergency contact number(s) -

You must be contactable on these numbers during the times of the activities

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

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**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 child's photograph taken please tick here ☐

If you would like to be on our postal list please tick here ☐

If you would like to receive the WDC Holiday Activity Programme via email, please supply your email address: .....

By signing this form 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.

Parents/Guardian Name (please print) .....

Signature .....

Date .....

