



Ages: 6 - 10 years old (school years 1-5)
Date: Monday 5th - Friday 9th August, 2019
Time: 10am - 3pm
Location: Askrigg Primary School

Application & Consent form

Please return the completed form to: (Miss) Heather Sowerby, Carr End Farm, Marsett, Askrigg, Leyburn, N Yorks, DL8 3DE
Alternatively scan a completed copy and e-mail (in pdf) to: heathersowerby77@gmail.com

CHILD'S DETAILS

Child's name:..... Male / female (delete as appropriate)
Address:.....
..... Post Code:.....
Date of Birth:..... Age on 5th Aug:..... School year your child will be entering in September:.....
Which Primary School does your child attend:.....

PARENT/GUARDIAN'S DETAILS

Name of parent/guardian:.....
Address (if different from above):.....
..... Post Code:.....
Home telephone No:..... Mobile No:..... Other:.....
E-mail:.....

EMERGENCY CONTACTS

In the case of an emergency during King's Club and the above person is unable to be contacted, please provide (if possible) two additional emergency contacts.

Name:..... Name:.....
Relationship to child:..... Relationship to child:.....
Contact number(s): Contact number(s):
.....

MEDICAL INFORMATION

Any known medical conditions:.....
.....
.....
Details of any medication being taken during King's Club:.....
.....
.....
Any allergies (i.e. food, medication etc):.....
.....
Any special access needs (e.g. Mobility, sight, hearing):.....
.....

Name and address of family doctor:.....
.....
.....

DECLARATION

I agree to my child receiving medication as instructed and I give my consent to any medical or dental treatment (including an anaesthetic) that may be considered necessary by the medical authorities present in the event of an emergency.

Signed:..... Print name:.....

MULTIMEDIA IMAGES

It is possible that during King's Club, your child may be photographed or videoed. These images will only ever be used to promote the work of King's Club in the local churches or be shown to the families of the children at the King's Club barbecue. Any use of images are underpinned by our safeguarding policy. We will never include the full name of a child alongside an image.

The D&S Times usually come and make a report about the week, which includes adding a photo.

May multimedia images of your child be used in the ways described above (please tick)? YES NO

TRANSPORT & COLLECTION

Does your child require bus transportation (please tick)? YES NO

(Your acknowledgement of application/receipt will indicate your designated pickup/drop off point).

If YES is your child allowed to make their own way home from the bus drop off point (please tick)? YES NO

If NO who will be collecting your child from the bus drop off point?.....

..... The code word for identification will be:.....

COLLECTION FROM VENUE

If your child does not require bus transportation, are they allowed to make their own way home from the King's Club venue (please tick)? YES NO

If NO who will be collecting your child at the end of King's Club from the venue?.....

..... The code word for identification will be:.....

PAYMENT

The cost of King's Club is £32 however if you apply by the 30th June 2019 you can save £5 and the cost will be reduced to £27.

I enclose full payment of fees £.....

I also enclose a donation of £..... (if you would like to support the work of King's Club)

How do you wish to pay (please tick)? By cheque Make cheques payable to: 'Methodist King's Club

Electronically Sort Code: 20-25-29 Account No: 90549878

Cash (Please can you use the child's name as the reference)

CONSENT

I confirm that I give my consent for my child to take part in King's Club and that all the information I have given is accurate. I will inform you as soon as possible should there be any changes to the information I have given.

I understand that every effort will be made to contact me as soon as possible should my child become ill or have an accident, and that my child will be given medical/dental treatment as necessary.

I confirm the multimedia images as indicated above.

I confirm the transportation and collection arrangements as indicated above.

Signed:..... Date:.....

Print name: Mr/Mrs/Ms/Miss.....