



Bedford House Gymnastics Club Membership and Consent Form

Child's details

Name..... (M/F) Date of birth/...../.....

Address.....

Postcode..... Email.....

Telephone number..... Mobile number.....

Authorised person to collect child

Name..... Telephone number.....

Emergency contact (different from above)

Name Telephone number.....

GP's details

Name.....

Address.....

Telephone number.....

1. Does your child have a medical condition or allergy we should know about? **Yes () No ()**

If yes, please give details

2. Is there any other information about your child you wish staff to know about?

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3. Does your child have an allergy to plasters? **Yes () No ()**

4. Does your child have a disability? **Yes () No ()**

5. Is there any information staff should be aware of regarding your child's disability?

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6. Is your child (a) a Camden resident? **Yes () No ()**

(b) a refugee? **Yes () No ()**

Please tick the ethnicity which best describes your child:

White – British		Black – African	
White – Irish		Black – Other	
White – Other		Asian – Indian	
Mixed ethnic background – White & Black Caribbean		Asian – Pakistani	
Mixed ethnic background – White & Black African		Asian – Bangladeshi	
Mixed ethnic background – White & Asian		Asian – Other	
Mixed ethnic background – Other		Chinese	
Black – Caribbean		Any other ethnic group	

- I agree to the staff on duty seeking emergency medical care in the event of an accident.
- The staff at Bedford House will take every reasonable step to care for and supervise your child. However, they cannot accept responsibility should your child absent themselves from the class. Therefore, you must ensure your child stays within the confines of Bedford House and under the supervision of the class tutor. The Centre does not accept responsibility for ensuring children are brought to and collected from the sessions in the Centre. All children must be dropped off and collected by the authorised carer.
- Our funding arrangements require us to gather the above information to ensure that our services reflect the local community.

Declaration

- As the parent/carer of the above named child I hereby agree that they can participate in the above activity and I have read and agreed to the above conditions. I have also read and understood the Rules of Bedford House Gymnastics Club. I will notify the Centre as soon as possible if any changes occur in regards to the information I have provided above.
- I agree for my details to be added to the Bedford House “Service users” database. I understand that information about my children will be held on computer which I have the right to see under the Data Protection Act 1998. I understand that the information held will be used for the purpose of collating, assimilating and reporting on an overall evaluation basis.

Signed.....Print name.....Date...../...../.....

Media consent

I give Holborn Community Association (HCA) the right to use the filming, photography and recording of me, my voice and performances. I understand that recordings and images will be used primarily to promote HCA but that they may be used by other relevant organisations and media authorised by HCA. I understand that I have no copyright or ownership of the images.

If you wish to place any restrictions on use of the recordings please state:

Signed.....Print name.....Date...../...../.....

Return this form to: **Bedford House Community Centre, 35 Emerald Street, London WC1N 3QW**
 or fax it to us on **020 7405 0232**.