HOLIDAY PLAYSCHEME REGISTRATION FORM

CHILD DETAILS						
Leisure Centre:						
Name of Child:						
Address (Inc. postcode):						
Age of Child:		Date of Birth:		Membership Number:		
Email address:						
Main Guardians full name:						
Contact number Home:						
Contact number Mobile:						
EMERGENCY CONTACT DETAILS						
Emergency Contact Name 1:						
Emergency Contact Number 1:						
Emergency Contact Name 2:						
Emergency Contact Number 2						
GP INFORMATION						
Name of GP:						
GP Address (Inc. postcode):						
GP Telephone number:						
	RTANT IN	FORMATION A	BOUT YOU	R CHILD		
Any regular allergies?						
Any medication to be taken during						
play scheme hours?						
Any further important medical needs?						
Any other important information the play scheme staff should know about e.g. support needs, Special						
Educational Needs or Disabilities (SEND)						
la a naminatad Cara Warkar ramuirad2 Vaa 🔽 Na 🗔						
Is a nominated Care Worker required? Yes 🗌 No 🗌						

IMPORTANT INFORMATION

Hospital Permission^{**} – this gives permission for a member of staff to accompany your child to hospital in the event of an emergency and is required for attendance at Holiday Playschemes.

In the unlikely event of an accident, I agree to my child receiving any emergency medical treatment considered necessary by the medical authorities present.

Swimming*

In line with our Swim Safely policy only children over the age of 8 who can swim at least 25m are permitted to take part in general swimming sessions. Any child unable to swim 25m will only be able to take part in swimming lessons (if available).

Under 8's and non swimmers (those who can not swim at least 25m) are only permitted to swim as part of swimming lessons.

Alternative activities will be provided for those children who do not wish to swim or if swimming lessons are not available.

We recommend children do not bring valuables to the Holiday Playscheme, GLL will not be held responsible for any items children bring from home.

Each child must have a packed lunch or purchase food from the premises via the appropriate procedures

PARENT/GUARDIAN CONSENT					
I give my consent for my child to participate in the following activities:					
Swimming*					
I confirm my child can swim at least 25m					
part in general swimming sessions	(sign)				
I confirm my child can not swim at least	25m and/or is under the age of 8 and				
can take part in swimming lessons if ava	(sign)				
Face painting					
		(sign)			
Nerf Activities					
		(sign)			
Hospital permission**					
	(date)	(sign)			

Privacy Notice regarding the Personal and/or Special Category Data you are providing

GLL is committed to respecting your privacy and adheres to all the principles of the General Data Protection Regulation. The Regulation gives you rights regarding your data, including access to the information held about you. Please see full information at http://www.better.org.uk/privacynotice.

For the purpose of the General Data Protection Regulation (GDPR), while GLL is operating the services that you are purchasing, GLL is the data controller or joint data controller of your personal data alongside GLL's partner organisations (generally third parties who own the facilities we manage). Your data will be processed by and on behalf of GLL and/or shared with other GLL business departments, GLL's subsidiaries, and GLL's partner organisations for the purposes of the provision of services or facilities under a contract; keeping and updating of records and details associated with that contract; Membership administration and service updates; Protection of the business from financial risk; the provision of applicable discounts and benefits and any other compatible business purposes.

We will only use your data for the purpose it was provided as stated above save for legally permitted exceptions. However if you agree, we and our partner organisation would also like to send you regular updates and information about new activities and special offers in which we believe you might be interested.

 Please tick the boxes if you would like to receive this information by:

 Post□
 Telephone□
 SMS□

You can exercise your right to prevent the data processing and sharing for this purpose by leaving the above boxes blank. You can also exercise the right at any time by contacting us at <u>www.better.org.uk/contactus</u>

Email