

CHILD REGISTRATION AND ENROLMENT FORM

****Active Starz****

Multi-sport Wraparound Sessions for Primary School Children

CHILD DETAILS

****Child's Full Name:**** _____

****Date of Birth:**** _____ ****Age:**** _____ ****Year Group:**** _____

****School:**** _____

****Home Address:****

****Postcode:**** _____

PARENT/CARER DETAILS

Primary Contact

****Full Name:**** _____

****Relationship to Child:**** ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

****Contact Number:**** _____

****Email Address:**** _____

****Home Address (if different from child's):****

****Postcode:**** _____

Secondary Emergency Contact

****Full Name:**** _____

****Relationship to Child:**** _____

****Contact Number:**** _____

****Email Address:**** _____

EMERGENCY CONTACTS

****In case we cannot reach the primary contact, please provide additional emergency contacts:****

Emergency Contact 1

****Full Name:**** _____

****Relationship to Child:**** _____

****Contact Number:**** _____

****Can collect child:**** ☐ Yes ☐ No

Emergency Contact 2

****Full Name:**** _____

****Relationship to Child:**** _____

****Contact Number:**** _____

****Can collect child:**** ☐ Yes ☐ No

MEDICAL INFORMATION

****Does your child have any medical conditions we should be aware of?****

☐ No ☐ Yes (please specify):

****Is your child currently taking any medication?****

☐ No ☐ Yes (please specify and how to administer):

****Does your child have any allergies?****

☐ No ☐ Yes (please specify):

****Allergies to food:**** ☐ Yes ☐ No If yes, which foods?

****Allergies to substances:**** ☐ Yes ☐ No If yes, which substances?

****Does your child have any injuries or physical limitations we should know about?****

☐ No ☐ Yes (please specify):

****Does your child have asthma?****

☐ No ☐ Yes ☐ Has inhaler with them ☐ Inhaler at school

****Does your child have epilepsy or seizures?****

☐ No ☐ Yes (please specify):

****GP Details:****

****GP Name:**** _____

****GP Surgery:**** _____

****Contact Number:**** _____

DIETARY REQUIREMENTS

****Does your child have any dietary requirements or preferences we should know about?****

☐ No specific requirements

☐ Vegetarian

☐ Vegan

☐ Halal

☐ Kosher

☐ Food allergies (specified above)

☐ Other (please specify):

****Additional notes:****

SPECIAL EDUCATIONAL NEEDS AND DISABILITY

****Does your child have any special educational needs or disability?****

☐ No

☐ Yes (please specify):

****Is your child currently receiving any support at school?** (e.g. SENCO, Educational Psychologist, Speech and Language Therapy)**

☐ No ☐ Yes (please specify):

****How can we best support your child?****

BEHAVIOUR AND WELLBEING

****Are there any behavioural concerns or triggers we should be aware of?****

☐ No

☐ Yes (please specify):

****Has your child experienced any significant life events or changes recently?** (e.g. bereavement, parental separation, new sibling, house move)**

☐ No

☐ Yes (please specify):

****Does your child have any anxieties or fears we should be aware of?****

☐ No

☐ Yes (please specify):

****Any other information about your child's wellbeing?****

SESSIONS AND PAYMENT

****Which sessions would you like to register for?****

☐ After-school sessions (Monday-Friday)

☐ Holiday club sessions

☐ Specific days: Which days? _____

****Payment Method:****

☐ Monthly standing order (preferred)

☐ Half-termly payment

☐ Termly payment

☐ Other (please specify): _____

****Billing Address (if different from above):****

****Email for invoices:**** _____

PERMISSIONS AND CONSENT

****I give permission for my child to participate in multi-sport activities including:****

☐ Running and cardio activities

☐ Ball sports (football, basketball, netball, etc.)

☐ Racket sports (badminton, tennis, etc.)

☐ Team games and competitive activities

☐ Activities involving modest heights or equipment

☐ Water-based activities if offered

☐ Other activities as planned by Active Starz

****Signed:**** _____ ****Date:**** _____

PHOTOGRAPHY AND VIDEO CONSENT

****I give permission for Active Starz to take photographs/video of my child for:****

- ☐ Progress records and learning documentation
- ☐ Website and social media marketing (if yes, is it okay to use child's name? ☐ Yes ☐ No)
- ☐ Internal use only (newsletters, displays)
- ☐ I do NOT give permission for photographs or video

****If permission given, please note:****

- Images will be stored securely
- Images will be removed when child leaves Active Starz
- Images will not be shared with third parties
- Images will only be used for Active Starz purposes

****Signed:**** _____ ****Date:**** _____

EMERGENCY MEDICAL TREATMENT CONSENT

****In the event of a medical emergency where I cannot be contacted, I authorise Active Starz staff to:****

- ☐ Call an ambulance
- ☐ Seek emergency medical treatment
- ☐ Administer first aid
- ☐ Contact my child's GP

****Signed:**** _____ ****Date:**** _____

COLLECTION ARRANGEMENTS

****Who is authorised to collect my child?** (Names and relationship)**

1. _____

2. _____

3. _____

****Please provide a password or code word** (staff will ask for this at collection to verify identity):**

Password/Code: _____

****Late Collection Procedures:****

In case of late collection, we will:

1. Contact the primary contact
2. Contact emergency contacts
3. Contact the school
4. If unable to reach anyone after 30 minutes, contact Children's Services

****I understand these procedures:**** ☐ Yes

****Signed:**** _____ ****Date:**** _____

DATA PROTECTION AND PRIVACY

I have read the Privacy Notice and understand how my child's information will be used and stored in accordance with GDPR and Data Protection Act 2018.

****Signed:**** _____ ****Date:**** _____

ADDITIONAL INFORMATION

****Is there any other information we should know about your child to help us provide the best possible care?****

POLICY ACKNOWLEDGEMENTS

I confirm I have received and read the following policies:

- ☐ Safeguarding and Child Protection Policy
- ☐ Code of Conduct
- ☐ Anti-Bullying Policy
- ☐ Complaints Procedure

- ☐ Health and Safety Policy
- ☐ Fees and Payment Policy

****Signed:**** _____ ****Date:**** _____

DECLARATION

I confirm that the information provided on this form is accurate and complete. I understand that any false or misleading information may result in termination of my child's participation in Active Starz sessions.

I have read and understood all Active Starz policies and procedures and agree to ensure my child complies with them.

****Parent/Carer Name (print):**** _____

****Parent/Carer Signature:**** _____

****Date:**** _____

ACTIVE STARZ USE ONLY

****Registration Number:**** _____

****Date Registered:**** _____

****Registered by (staff member):**** _____

****DBS Check Status:**** ☐ Verified ☐ In Progress ☐ Not Required

****Consent Forms Received:**** ☐ Yes ☐ No

****All Information Complete:**** ☐ Yes ☐ No

****File Created:**** ☐ Yes ****Date:**** _____

****Notes:**** _____