

SASS CIRCUS

6A ST. GEORGE'S WORKS. TROWRIDGE. BA14 8AA
TURNING - OPPOSITE BALLOOS SOFT PLAY

DROP OFF 9AM

COLLECT 3PM

**PLEASE WAIT WITH YOUR
CHILD ON DROP OFF**



WHAT TO BRING

We look forward to welcoming you.

Please ensure you bring

- ☒ A packed lunch, & snacks
- ☒ Drink in a refillable bottle
- ☒ Layers of clothing for protection during aerial.

WHAT TO WEAR

Comfy clothing which is easy to move in, please ensure children have joggers or leggings, a top which tucks in and some sleeves to protect for aerial sessions.

IMPORTANT NOTE;

Please ensure you let us know about any additional needs, allergies or medical conditions by completing these forms.

First name:	Surname:	What s/he/they likes to be called:
Date of birth and current age:	School attended: First language:	Name of key person:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:
Address:
Telephone:

About your child

Please detail any additional/special needs your child has: <i>(continue overleaf if necessary)</i>
Please detail any dietary requirements / food allergies: <i>(continue overleaf if necessary)</i>

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Please note aerial activities, acrobatics can be dangerous, and although SASS instructors are trained to a high level, and make every effort to minimise risks injuries can happen, your child therefor takes part at their own risk. Please be aware Aerial and circus can cause scuffs, bruising, blisters and other types of abrasions.

I am happy and have answered to the best of my knowledge.

Signature of Parent/Carer

Date:

*All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**.*

Holiday Club Medical Form

Child's name:	Date of birth:
Doctor:	
Doctor's address:	
Doctor's telephone:	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Any other information relevant to your child's health	
Parent/Carer emergency contact telephone numbers:	

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed:

Date:

Holiday Club

Photograph Permission

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At [Holiday Club](#) we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

(please tick for consent)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Electronic and printed displays and exhibitions at the Club (eg photos of activities) |
| <input type="checkbox"/> | Observation and assessment |
| <input type="checkbox"/> | Club records of my child |
| <input type="checkbox"/> | To accompany staff or student coursework |
| <input type="checkbox"/> | Website for Club |
| <input type="checkbox"/> | Promotional material for the Club |
| <input type="checkbox"/> | Local newspaper or magazine |
| <input type="checkbox"/> | National newspaper or magazine |
| <input type="checkbox"/> | Other organisation's website |
| <input type="checkbox"/> | Other organisation's promotional material |
| <input type="checkbox"/> | Other |

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Child's name:

Signed:
(parent / carer)

Date:

Print name: