

**Child's Details:**
**Date of Registration:**


First name:		Surname:	What she/he likes to be called:
Date of birth:	Current age:	School child attends:	Current school year group:
Ethnicity:		First language:	Language spoken at home:
Religious festival /occasions celebrated:		Any other information:	

**Parent/Guardian Details:**

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:			Home address (if a 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:		
Work number:			Work number:		
Home number:	Mobile:	Home number:	Mobile:	Home number:	Mobile:
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			Does anyone else have parental responsibility for this child? Yes      No		

**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:

**Name and Contact Details of any additional adult permitted to collect child from Club Viva:**

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

**Child's Doctor:**

Name of Doctor:	
Address:	Telephone:
Parent/Guardian permission to seek emergency medical treatment if required: Yes      No	

**About your child:**

Does your child have:

<input type="checkbox"/> A special educational need. Please provide detail(s):
<input type="checkbox"/> A behavioural concern. Please provide detail(s):
<input type="checkbox"/> Any safeguarding concerns. Please provide detail(s):

Please detail any medical conditions and medications taken (and when):

Please note: it is the responsibility of the parent/guardian to ensure the child has all necessary medication at Club Viva and that Club Viva staff are fully aware of medical conditions/considerations and medications taken.

Medical condition:
Medication taken:
Frequency/time:

Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc.) or is scared of?
What are your child's favourite activities?
Any other information you feel the Club Viva staff should be made aware of:

Tick here to opt-in to our Vivacity newsletter, to get the latest news and special events throughout the year.

**Signature of Parent/Guardian:**

**Date:**

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## Parental Permissions

	Agree	Disagree
Permission for my child to be taken off site to take part in trips and activities within the Peterborough areas close to Club Viva (E.g. Swimming at Jack Hunt Swimming Pool)	Yes	No
Permission for my child to have sun cream applied (by a member of Club Viva staff, if the child is unable to apply themselves).	Yes	No
Permission for my child to watch films or part of film that have a PG rating providing it is deemed appropriate by Club Viva staff.	Yes	No
Permission for my child to access the internet whilst attending Club Viva. This will be monitored by Club Viva staff at all times.	Yes	No
Permission for staff to assist with intimate care in the event of a toileting accident.	Yes	No
Permission for my child to have sun cream applied (by a member of Club Viva staff, if the child is unable to apply themselves).	Yes	No
I give permission for emergency medical treatment to be given in the case of minor illnesses or injury.	Yes	No
I am aware that if Club Viva has serious concerns about my child's health I will be contacted and asked to take him/her from Club Viva to seek further medical advice.	Yes	No
I give permission for my child to use the bouncy castle and soft play equipment at Club Viva.	Yes	No
I understand that Vivacity employees accept no responsibility for the loss or damage of personal possessions brought in by my child whilst attending Club Viva.	Yes	No

**Signed:**

**Date:**

**Relationship to child:**

## Photography / Film

To comply with the General Data Protection Regulations 2018, we need to make you aware that from time to time we may photograph or film your child undertaking activities in Club Viva. We may use the photography or film in Vivacity promotional material at anytime in the future. This includes any websites and social media operated by Vivacity leisure.

Pupils will always be made aware if they are being photographed / filmed, what the purpose of this is and will be given the opportunity to object.

### Photography / Film consent

Pupil's name:

I give my consent for Club Viva to use photographs and films of the above-named child in following ways (please tick the appropriate box):

Yes  No  on Vivacity website/social media

Yes  No  in any promotional material

Yes  No  within Club Viva venues on wall displays

Yes  No  in the local press

Yes  No  in national press

I have read and understood the information above. I understand that it is my responsibility to notify Club Viva if I change my mind about withdrawing or granting consent at any time in the future.

Parent/Guardian name:

Parent/Guardian signature:

Date:

Please send your completed form to [clubviva@vivacity.org](mailto:clubviva@vivacity.org)

For more information please contact the Club Viva Team on: **01733 864754 / 07551053005** or email: [clubviva@vivacity.org](mailto:clubviva@vivacity.org)