

# ACADEMYSPORT DAY CAMP – INFORMATION SHEET

Complete a form for EACH DAY CAMP you would like your child booked onto. Day Camps must be paid for in advance at time of booking as spaces are limited and will be allocated on a first come first served basis.

**DATE OF DAY CAMP REQUIRED** ...../...../..... **(8:30am – 6pm)**

## CHILD'S DETAILS

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age in years: \_\_\_\_\_

## EMERGENCY CONTACTS

Please give the details of someone who should be contacted in an emergency

Full emergency contact name: \_\_\_\_\_

Emergency contact number (including code): \_\_\_\_\_

## SWIMMING ABILITY

Please complete the following to indicate the competency of your child:

Can your child swim 25 metres without stopping?

YES / NO  
(circle as appropriate)

Staff initials  
to confirm

Staff initials  
to confirm

Staff initials  
to confirm

Staff initials  
to confirm

Staff initials  
to confirm

## MEDICAL ISSUES

Please give information on any recent medical conditions e.g. convulsions, epilepsy or diabetes

Please give any information on any recent infectious disease

Please give information on any special needs or disability e.g. physical / learning disability

Please give information on any allergies e.g. nut allergy

Please detail any other information we may need to know:

Doctor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

## SIGNATURE AND CONSENT OF PARENT / GUARDIAN

In an emergency, if I cannot be contacted at the stated number/address, I give my consent for my child to receive emergency treatment and anaesthetic, if required.

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make cheques payable to AcademySport Leisure Centre.**

Tick here to opt out of our marketing list

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