



DERBY CITY COUNCIL

October 2008

b-active Xperience Booking Form

Parent or carer to fill in all the following sections. Please complete a separate form for every child attending the activity.

Springwood Leisure Centre or Moorways Sports Complex (please tick)

Please tick the days required

Week 1	
Monday 27 October	
Tuesday 28 October	
Wednesday 29 October	
Thursday 30 October	
Friday 31 October	

How did you first hear about this activity?

Reference number—for sports centre to complete

Child's Details		
Name	Date of birth	Gender M / F
Age (as at 27 October 2008)	School	
Home address		
Postcode	Emergency contact no:	

Does your child have any medical conditions or any needs or disability? Yes No

If yes, please describe and tell us if there are any adjustments to the activity we need to make to accommodate your child's needs?

Does your child take any medication? If yes, please describe.

Parent's/Carer's Details and Emergency Contact

Parent or carer's name

Home telephone number

Mobile telephone number

e-mail address

Emergency telephone number (if different from above)

Do you consent to your child receiving emergency medical treatment in an emergency? Yes No

Name of child's doctor

Telephone number

Do you consent to your children receiving first aid treatment including application of plasters? Yes No

At Derby City Council we take pride in the services we deliver. We want to make sure that our services are appropriate, fully accessible and free from any barriers or discrimination. To help us check this is working, please indicate the participant's ethnic origin—please tick one box only.

White	Asian or Asian British	Dual Heritage	Black and Black British
British <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White and black Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
Irish <input type="checkbox"/>	Indian <input type="checkbox"/>	White and black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
	Other Asian <input type="checkbox"/>	Other dual heritage <input type="checkbox"/>	
Chinese <input type="checkbox"/>	Other ethnic group, please give details:		

Collection of Children


Your child may only be collected from the activity scheme by the parent/carer who signed your child in at the start of the session. Written consent from you is required for someone else to collect your child from the scheme. Proof of identification will also be required from the person collecting your child.

Over 8s permission to arrive and depart from the centre unaccompanied by an adult

I give my permission for my child(name) to arrive and leave the activity scheme at the start and end times, unaccompanied by an adult. I accept responsibility for my child before they arrive at the centre and once they have left the centre.

Sport and Leisure would like to keep you updated on its activities and events using the details you have already supplied. If you would like to receive this, please tick the following:

By SMS text By e-mail By post

 All personal information provided will be treated in confidence and in accordance with the Data Protection Act 1998.

Payment

Payment is required to confirm your booking. Please enclose with this booking form and make all cheques payable to 'Derby City Council'.

I have read and understood the activity scheme parent/carer information pack. I understand that I am responsible for complying with the booking terms and conditions and all other guidance contained in this pack.

Parent/Carer signature

Date

For office use only:

Form correctly completed

Total amount received £.....

Receipt number

Child's name entered on booking sheet (only initial when completed)

Passport to Leisure number