

Attendance Form



Please complete this form in BLOCK CAPITALS for the person attending.
Please present this completed on the first day of camp (do not return by post).

Child/Teen/Rookie Details

Name _____
Date of Birth _____
Gender _____
School _____
Religion _____
Ethnic Origin _____
First Language _____ (if not English)

Swimming Ability New to swimming
 Can swim at least 10m unaided front and back
 Can swim at least 25m on front and back and can tread water for 2mins

Parent or Carer Details

Name _____
Address _____
Town _____
Postcode _____
Email _____
Mobile No. _____
Home Tel. _____
Work Tel. _____
Doctor _____
Surgery _____
Tel. _____

Medical and Behaviour Information

See reverse for medication details ►

Please inform us of any relevant medical or behaviour information e.g. allergies, dietary problems, history of difficult behaviour, ADHD, toilet requirements (use separate sheet if necessary).

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I give permission for this child to receive urgent medical treatments Yes No

If there are any treatments you wish your child not to receive, please specify them here:

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Emergency Contacts

We require at least two alternatives to the parent/carer's contact details

Name	Mobile or Landline Number	Relationship to child
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Consent

Yes No

- I give permission for this child to participate in swimming sessions
 I give permission for this child to be included in promotional photographs (which may be taken on camp)
 For children aged 11+: I give permission for this child to return home unaccompanied

King's Camps work closely with local Registration and Inspection Units. With their help we make every effort to ensure the safety of your child whilst in our care and it is our duty to report any suspicion of abuse or neglect. I accept all of the King's Camps policies and procedures as detailed in the Parent Guide.

Signed (Parent or Carer) _____ Date _____

