

Setting Use only

Parent/Carer phone no: \_\_\_\_\_

IYSS no: \_\_\_\_\_

## Open Access Adventure Playground Registration Form

### Important, please note:

- Open access means that children can come and go from the adventure playground as they please. Children cease to be the responsibility of the adventure playground once they have left the premises.
- This playground accepts children aged 6 and over. Staff may ask to see formal confirmation of date of birth such as a birth certificate, to verify a child's age.
- Please ensure that this form is filled out completely

**This is to register the child / young person in your care at the following Adventure Playground**

\_\_\_\_\_

**Name of Child or Young Person:** \_\_\_\_\_

**Male / Female** (please circle one)      **Date of Birth:** \_\_\_\_\_

**Child/Young Person's Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**What school does your child attend?** \_\_\_\_\_

**We make every effort to provide for each individual child and support their opportunities for play, and for that reason it is important for us to know if your child has any special needs.**

**YES / NO** (please circle one)

If 'YES', please give brief details \_\_\_\_\_

\_\_\_\_\_

	<b>Parent/Carer (main contact)</b>	<b>Alternative/Emergency Contact:</b>
Name		
Relationship to Child/ Young Person		
Work/Home Number		
Mobile		
Email		

**Who has permission to collect your child (including relationship to your child)?** \_\_\_\_\_

\_\_\_\_\_

### Medical Information

Name of Family GP/Doctor: \_\_\_\_\_

Address and telephone of GP/Doctor Surgery: \_\_\_\_\_

\_\_\_\_\_

**Does your child have any medication / dietary requirements / allergies (including sunscreen)? YES / NO**

If 'YES', please give brief details \_\_\_\_\_

**Child's ethnicity:**

ASIAN	BLACK	BI-RACIAL	WHITE	OTHER
BANGLADESHI <input type="checkbox"/>	BLACK BRITISH <input type="checkbox"/>	WHITE & ASIAN <input type="checkbox"/>	WHITE BRITISH <input type="checkbox"/>	CHINESE <input type="checkbox"/>
INDIAN <input type="checkbox"/>	BLACK CARIBBEAN <input type="checkbox"/>	WHITE & BLACK AFRICAN <input type="checkbox"/>	WHITE IRISH <input type="checkbox"/>	FILIPINO <input type="checkbox"/>
PAKISTANI <input type="checkbox"/>		WHITE & BLACK CARIBBEAN <input type="checkbox"/>	WHITE EUROPEAN <input type="checkbox"/>	IRANIAN <input type="checkbox"/>
	BLACK AFRICAN <input type="checkbox"/>			IRAQI <input type="checkbox"/>
OTHER ASIAN <input type="checkbox"/>	BLACK CONGOLESE <input type="checkbox"/>	OTHER BI-RACIAL BACKGROUND <input type="checkbox"/>	ALBANIAN <input type="checkbox"/>	KURDISH <input type="checkbox"/>
	BLACK NIGERIAN <input type="checkbox"/>		KOSOVAN <input type="checkbox"/>	LATIN SOUTH AMERICAN <input type="checkbox"/>
	BLACK SOMALIAN <input type="checkbox"/>		TURKISH <input type="checkbox"/>	MOROCCAN <input type="checkbox"/>
			TURKISH CYPRIOT <input type="checkbox"/>	OTHER BACKGROUND <input type="checkbox"/>
	BLACK OTHER <input type="checkbox"/>		OTHER WHITE <input type="checkbox"/>	NO INFO <input type="checkbox"/>

**Photographs, video and other media**

Activities that your child is involved in may be photographed, filmed or otherwise recorded with the intention that the materials are used for monitoring purposes and for promoting our work and children's right to play. If you do not want images of your child being used in this way tick the opt out box. **Opt out**

**Confidentiality and Sharing of Information**

Islington Play Association has a duty under the Children's Act of 2004 to work with partners to deliver and improve services to children and young people in the area. Therefore we may share this information where necessary with other bodies responsible for administering services to children and young people.

We will handle the information you have provided in line with the provisions of the Data Protection Act. Under the Data Protection Act, you have the right to make a formal request in writing to access personal data held about you.

**Declaration**

I agree to the child/young person attending the project as stated on this form. I agree that in the case of an accident or emergency, the child/young person may need to receive medical attention from the staff and/or medical authorities. I will inform the Adventure Playground staff of any changes in the child/young person's details, changes to parent/guardian due to a court order, medical or other circumstances.

**By signing this form I acknowledge that I have completely read and fully understand the above and agree to the terms and conditions listed.**

Signature of parent/carer: _____	Date: _____
Full Name: _____	

Worker receiving and checking form: _____	Date: _____
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