By completing this form, you are consenting for your child to take part in activities run as part of Friday Night Project. For further information on the project, please contact the Active Communities & Health Team at South Derbyshire District Council on 01283 595873.

**PARTICIPANT INFORMATION**

Child’s Name

Date of Birth Age

Medical information / medication

**EMERGENCY CONTACT INFORMATION**

Name

Relationship to child

Address

 Postcode

Contact Number 1

Contact Number 2

**Public Liability Insurance**

South Derbyshire District Council may be liable for any injury, loss or damage which is caused by its own negligence or that of any employees or approved voluntary support in the course of their duty. The Council does not insure participants against personal loss or injury, which is not caused by its own negligence or the neglect of its employees or approved voluntary support in the course of their duty. The Council does not provide insurance cover for the property of young people who are attending any of the courses or activities arranged by the council. It is advised that you have insurance in place and you should check the position with your broker or insurer. The council recommends that young people do not bring valuables or items of sentimental value, when attending activities and events organised by the council

**Privacy Statement**

The information requested on this form is required in accordance with our legitimate interest in order to provide the service. All personal information provided to South Derbyshire District Council will be held and treated in confidence in accordance with the Data Protection Act 2018. Our full Privacy Statement can be found on our website or a copy can be provided to you by a member of staff.

**The Formalities**

All of the activities are run by qualified, disclosure and barring service checked (DBS) approved staff.

**Signature**

I give consent for my child to take part in activities provided at the Friday Night Project.

I confirm that all of the information supplied is correct.

Signature of Parent / Carer Date

Print Name

**INPORTANT INFORMATION FOR PARENTS / CARERS**

Parents/Carers must complete the consent form to ensure a young person’s continued access to the Project.

Please note that these are open sessions at a leisure centre which is open to the public. These sessions therefore run on a drop in and out basis, meaning young people are free to come and go as they please. The staff working on these sessions are there to supervise young people when they are at the session, if young people choose to leave the leisure centre they are no longer the staff’s responsibility. Unless informed otherwise, staff will allow young people to leave the centre and make their own way home. We therefore advise speaking to your child prior to them attending the Project to set guidelines as to how they will get home and if they can leave the session to go somewhere else.

If there are extenuating circumstances which you feel the staff at the session need to be aware of, please contact the Active Communities and Health Team on 01283 595873 to discuss this further.

**PROJECT RULES**

To be read and signed by the participant.

* No swearing
* No fighting
* No smoking/vaping on site
* No alcohol
* No bullying
* No taking pictures of others without consent
* Respect everyone
* Listen to and follow all staff members instructions at all times
* Respect the facility and the equipment
* Put litter in the bins provided
* Stick to project areas only
* Respect members of the public who are also using the centre

I agree to abide by the above rules whilst at Friday Night Project and I understand that if I break them, staff hold the right to ask me to leave.

Signed Date

Print Name

