

Welcome to the Friday Night Project at Tandridge Leisure Centre. Before we get started, we must know a few things about you to ensure you have a great experience at the sessions. Please carefully read the advice below, complete the form and hand this completed registration form back to the Coordinator on the sign in desk or to – [reception.tlc@freedom-leisure.co.uk](mailto:reception.tlc@freedom-leisure.co.uk)

- There are maximum numbers in place for each activity which are on a first come, first served basis although participants will have the opportunity to rotate between activities during the evening
- We recommend comfortable clothing with appropriate footwear for the activities
- We also recommend a bottle of water to stay hydrated during the session

**Please use BLOCK CAPITALS**

**Participant's details:**

Name - \_\_\_\_\_ Age - \_\_\_\_\_ D.O.B - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 School - \_\_\_\_\_

**Medical, Access or Communication Requirements** (This may include any regular or emergency medication, allergies or details of medical intervention etc).

.....  
 .....

.....(please attach additional sheet if required)

**Please state if your child has any disability in the space provided below**

.....

.....(please attach additional sheet if required)

**Parent / Carer / Next of Kin Information (please circle)**

Name - \_\_\_\_\_

Address - \_\_\_\_\_

\_\_\_\_\_ Postcode - \_\_\_\_\_

Home Telephone - \_\_\_\_\_ Mobile Telephone - \_\_\_\_\_

Email - \_\_\_\_\_

Emergency Contact Number (different to above) - \_\_\_\_\_

1. In the event of an emergency, I authorise Tandridge Leisure Centre to take any appropriate action to obtain necessary medical help, including sending me/my child to hospital and administering first aid. I fully understand the above.
2. We are responsible for your child whilst participating in an activity, however, should your child choose to leave early or leave the premises on their own accord, we will not be held liable.
3. We expect all participants to behave responsibly and respectfully. If there are any problems and we see it fit for the participant to leave the session we expect that someone is available to collect the participant from Tandridge Leisure Centre.
4. I understand that if my child is taking part in the gym session that they will complete a youth pre-medical screening form.
5. I have read and understood the advice provided at the top of this form.

Signature - \_\_\_\_\_ Date - \_\_\_\_\_

**GDPR** - The information you have provided about yourself or your child will be used to monitor the success of the programme and help us plan for the future activities. We will notify you of any changes to the Friday Night Project, this includes cancelled sessions and date changes. You can change your preferences on how and what we send you by emailing us at **[data.protection@freedom-leisure.co.uk](mailto:data.protection@freedom-leisure.co.uk)**. You can view our Privacy Policy by visiting the website at **[www.freedom-leisure.co.uk/privacy](http://www.freedom-leisure.co.uk/privacy)**.

Please tick this box and sign below to provide your consent for us to collect and process your details: ☐

Signature: \_\_\_\_\_

### Photo Consent

Occasionally photographs and videos may be taken by Tandridge Leisure Centre staff which may be used in future publications for de Stafford Sports Centre. By signing below, you give permission for your child to be included in photos and videos during the sessions. We will not use names alongside pictures in line with our safeguard and confidentiality policy.

Signature: \_\_\_\_\_

*Thank you for taking the time to complete the form. We hope that you enjoy the session.*

