

ACTIVITY REGISTRATION FORM

To be completed by or on behalf of the Participant, and signed by a duly authorised parent, guardian or carer ("the Signatory")



Registered Charity No: 1082274

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|--------------------|-----------|
| Activity attended: | Location: |
| Date/s: | |

PARTICIPANT,S DETAILS (BLOCK LETTERS)

| | | | | | | | |
|-------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| First name: | | | | Surname: | | | |
| Full Address: | | | | | | | |
| Postcode: | | | | Tel No: | | | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth: | | | Age: | | |
| School attended: | | | | School Year: | | | |
| Ethnic Origin: | White | Black British | Black African | Black Caribbean | Asian | Chinese | Other: <i>please state</i> |
| (Please tick) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EMERGENCY CONTACT DETAILS (in case of an accident or emergency who should we contact?)

| | | |
|--|--|----------------|
| Name: | Relationship to Participant: (eg parent, guardian, carer or other) | |
| Address: (if different from Participant's) | | |
| Home Tel No: | Work Tel No: | Mobile Tel No: |

Please see overleaf for Terms and Conditions and Important Information

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| <p>A. Does the Participant have any injuries, weaknesses, medical conditions or allergies which may affect, or may be affected by, exercise or physical contact? <i>Please tick the relevant box</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state problem and any action or medication required and/or any activity in which the Participant should not be involved:</p> <p>_____</p> <p><i>Please note: Coaches are not permitted to administer medicine, or take responsibility for medicines. If the Participant does require any medication he/she will be responsible for ensuring it is available and taken correctly.</i></p> | |
| <p>B. Will the Participant be collected at the end of the activity? <i>Please tick the relevant box</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes who will collect him / her? _____ (if not specified, the Participant will be allowed to leave without supervision)</p> | |
| <p>C. Photo consent as outlined overleaf (point 5) Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>D. To receive future information about Millwall Community Scheme and related activities please provide a mobile number and / or an email address:</p> <p>Mobile: _____ Email: _____</p> <p>Please tick here if you DO NOT wish to receive information from Millwall Community Scheme or Millwall Football Club <input type="checkbox"/></p> | |
| <p>I confirm that I have read and understood the conditions overleaf, that all relevant information supplied about the Participant is correct and that I accept on behalf of myself and the Participant all such conditions. I confirm I have full authority to sign on behalf of the Participant.</p> <p>Name of Signatory (Block letters): _____ Status (eg, parent, guardian or carer): _____</p> <p>Address (if different to Emergency contact details above): _____</p> <p>_____</p> <p>Signature: _____ Date: _____</p> | |

Completed forms should be returned with payment to: **Millwall Community Scheme, The Den, Zampa Road, London SE16 3LN.** Cheques should be made payable to "Millwall Community Scheme".
Please refer to "Important Information" section overleaf for details on how to book.

Millwall Community Scheme ("the Scheme") - Terms and Conditions



1. A Registration Form must be completed for each child for each activity, at each venue, each week and signed by a duly authorised parent, carer or guardian ("the Signatory").
2. All information supplied under Section A must be complete and accurate. Please make sure the Signatory clearly states any medical conditions or disability the Participant has.
3. The Signatory to this form agrees that the Participant may be given emergency treatment without referral to him/her and in his/her absence.
4. The Signatory must state whether the Participant will be collected at the end of the activity in Section B. **If this is not specified, the Participant will be allowed to leave without supervision.** Please ensure that your child is collected promptly at the end each activity. Children will only be supervised during the activity times stated. Please note it is the responsibility of the Signatory to sign their child in and out at the appropriate times and not an hour before or after!
5. Photo consent is included in Section C on this form – please remember to tick the "NO" box if you, as the Signatory, do not want the Scheme to use pictures of your child in future publicity material. If the "YES" box is ticked, the Signatory agrees that the Participant may be photographed or filmed and that all copyright and other rights therein belong to the photographer/filmer (or otherwise as the Scheme may notify) and may be used by them or the Scheme without payment for purposes related to promotion of the Scheme and its activities.
6. It is the policy of the Scheme to take all reasonable care in the provision of services relating to the activity/activities including using properly trained staff and safe premises. However, in any activities involving exercise and bodily contact accidents may occur and neither the Scheme, nor its employees, agents or third parties, whether involved in the activity or otherwise shall be under any liability whatsoever to the Participant, or any other person in respect of any injury, damage or loss to person or property howsoever arising during the activity and/or whilst on or about the premises used or occupied by the Scheme.
7. The Participant must attend with the appropriate dress and equipment.
8. The Scheme reserves the right to cancel any activity (even at short notice) for reasons such as, but not limited to, weather conditions or staffing problems. Whenever this situation arises, we will endeavour to give notice and suggest alternative activities where possible.
9. Further copies of this form can be downloaded from www.millwallcommunity.co.uk or will be available at the activity.
10. The details given in Section D overleaf may be used to send promotional material for future Millwall Community Scheme activities, or information and offers from Millwall FC. All such material will be appropriate for the addressee and information will not be shared with other parties.

Important Information for Parents, Guardians, Carers and Participants

- **How to Book:** Places at any venue may be reserved by completing a registration form but places are only guaranteed when payment is received (Cash or Cheque). Last date for cheque payment is 7 days before the course start date. Children can register on the day until the course is full. Please note that payment on the day of the activity can only be made in CASH.
- All staff hold relevant coaching qualifications, first aid and child protection certificates and are fully CRB (Criminal Records Bureau) checked.
- Maximum numbers may apply on activities at certain locations for health and safety reasons. Places can be guaranteed only when payment is received.
- Refreshments are not provided. Please ensure your child has adequate drinks (not fizzy) and food for the day (a packed lunch is ideal).
- Even the weather in England can be hot! Please ensure that your child takes protection from the sun's rays with sun cream and/or a hat/cap.
- If you have paid for a place on one of our programmes and your child is unable to attend, refunds will be given in the form of a voucher that can be redeemed against a future activity run by Millwall Community Scheme.

Children's Checklist on the Day:

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| <input type="checkbox"/> Payment (cash only) | <input type="checkbox"/> An emergency contact number |
| <input type="checkbox"/> Completed registration form (also available on the day) | <input type="checkbox"/> Ask my parent / carer to drop me off NO EARLIER than 15 minutes before the course starts |
| <input type="checkbox"/> Packed lunch and non-fizzy drink | <input type="checkbox"/> Ask my parent / carer to pick me up NO LATER than 15 minutes after the end of the course |
| <input type="checkbox"/> Appropriate footwear, shinguards and clothing | |