

**EAST AYRSHIRE LEISURE
ACTIVITY/EVENT REGISTRATION
PARENTAL CONSENT FORM**

Please complete form in block capital letters



**PLEASE COMPLETE THIS FORM AND EMAIL IT BACK TO
BOXOFFICE@EASTAYRSHIRELEISURE.COM PRIOR TO YOUR CHILD PARTICIPATING IN THE
 ACTIVITY**

Name of Event/Activity	
Date of Event/Activity	
Venue	

Participant Details	
Participant Name	
SHOUT Card Number (if applicable)	
Gender (please select)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Postcode	
Date of Birth	

Contact Details – First Point of Contact (please let this person know you are providing us with their details)	
Name	
Relationship to Child	
Address	
Telephone Number	
Mobile Number	
Email Address	

Emergency Contact Details – Second Point of Contact (please let this person know you are providing us with their details)	
Name	
Relationship to Child	
Address	
Telephone Number	
Mobile Number	

Doctors Contact Details and Medical Information	
Name/Surgery	
Telephone Number	
Does your child have any illnesses, disabilities or allergies that may affect them when taking part in the activity/event? If yes, please provide further details.	YES/NO
Does your child require the routine use of any medication or are they currently receiving any medication? If yes, please provide further details.	YES/NO

I give permission for my child to undergo emergency medical treatment in the event that I or my emergency contact cannot be reached following reasonable attempts to do so?	YES/NO
Does your child have any special dietary requirements? If yes, please provide further details.	YES/NO
Consent Information	
<ul style="list-style-type: none"> • I consent to my child participating in this event/activity • I acknowledge the safety measures that have been put in place by East Ayrshire Leisure and I am happy for my child to participate in the supervised activity/event • I understand that should my child misbehave during the activity/event, they may be asked to sit out for the remainder of the activity and a parent or guardian may be contacted • I understand that my child must be collected promptly from the venue by an agreed parent/guardian unless indicated below that your child can travel home on their own • I have received the activity additional information form 	
I agree that my child can travel home on their own	YES/NO
I give permission for my child to leave the activity/event unsupervised during breaks (12+ years only)	YES/NO

For further information on our legal basis for processing your information and your rights in terms of Data Protection Legislation please visit www.eastayrshireleisure.com to view our Privacy Statement or contact: info@eastayrshireleisure.com

Signed Date

DATA PROTECTION

The information you have supplied above will be used solely for the registration of your child in the specific event you have detailed. We require this information to register your child and to ensure the safety of your child and other children at the event. Without this information we are unable to allow your child to participate in the event. The information will be processed and held securely in terms of Data Protection Legislation. For further information on our legal basis for processing your information and your rights in terms of Data Protection Legislation please visit www.eastayrshireleisure.com to view our Privacy Statement.