Active Children Eating Smart

aces

Enrolment/Registration Form

Please answer all the questions.
The form will only be used by Sports Development, BwDBC and will not be used to send unsolicited mail etc…

Blackburn with Darwen

Please indicate which days / sessions your child will be attending

	Monday 16th Feb		Tuesday 17th Feb		Wednesday 18th Feb		Thursday 19th Feb		Friday 20th Feb	
	8:30am 12:30pm	12:30pm 4:30pm	8:30am 12:30pm	12:30pm 4:30pm	8:30am 12:30pm	12:30pm 4:30pm	8:30am 12:30pm	12:30pm 4:30pm	8:30am 12:30pm	12:30pm 4:30pm
Pleckgate High School										
Darwen Vale High School										
Witton Park Arena										

Your child will create their own healthy snack* in the morning sessions, under guidance from our ACES Team.
***It is important to inform us of ANY ALLERGIES now to avoid contamination of food products in preparation for the ACES sessions.**

Beez Card Number: _____

Child's Name: _____ Male / Female

Address: _____ Postcode: _____

Email: _____

Telephone Number(s): _____ (mobile) _____

School attended _____ Year: _____

Age : _____ Date of birth: _____

EMERGENCY CONTACT AND MEDICAL INFORMATION

Name of Parent/Guardian/Carer: _____

Contact number of Parent/Guardian/Carer:

Please detail any medical conditions (including allergies or broken bones) that we should be aware of:							
Do you consider your child to have a disability? Yes/No			If yes - What is the nature of the impairment?				
Physical impairment			Visual impairment			Learning difficulty	
Hearing impairment			Other, Please specify				

CONSENT STATEMENT

My son / daughter / ward is in good health and I consider them capable of taking part in multi sports/mini games and competitions. I have completed the medical details and consent that in the event of any illness / accident, a suitably qualified person can administer any necessary treatment to my son / daughter / ward. I also accept that there are risks associated with sports events and that every precaution to minimise those risks has be taken.

I consent to BwDBC to take photographs of my son / daughter to use these images for the purpose of promoting healthy physical activity within the Borough.

At the end of the session my child will be:

☐ **Child to be collected** ☐ **Child to make their own way home**

*please note children under the age of 12 years will need to be collected and will not be allowed to make their own way home. It is preferred that all children are collected.

Signed _____ (parent, guardian, carer) Name _____ Date _____

Thank you for co-operation in completing this form. Please return this form to:
Sports Development Team – Blackburn with Darwen Borough Council
Witton Park Arena, Witton Park, Blackburn, BB2 2TP
sportsdevelopment@blackburn.gov.uk