**CONSENT & DISCLAIMER FORM**

 **Name of Child: Age:**

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**Medical Conditions or Food Allergies:**

 **Name of school attending:**

As the parent/guardian of the above child(ren), I understand that my child will be in the care of the Clubszone team throughout the day and I can be contacted on the numbers below.

Please confirm the following information to us in case we need to get in touch whilst the club is in progress.

**Main Contact Number**: **Emergency Contact Number**:

I understand that I must ensure that my child is wearing suitable clothing and footwear to take part in all the activities throughout each day to protect them from injury before arriving at the club.

**Please tick** below to give permission for the Clubszone team to be able to do the following:

 Basic First Aid

 Photography permission (Photos will be used for Clubszone Social Media business pages and Clubszone

 marketing material)

  *(The identity of your child will not be shared on social media or other purposes)*

*………………………………………………………………………………………………………………………………………………………………………………………………*

Disclaimer section

**I confirm that the children stated on this form will not attend if they display Covid-19 symptoms for**

**72 hours prior to attending Clubszone holiday clubs**

*By signing this form, you agree to get your child tested and report a positive response to Clubszone*

*if your child displayed symptoms or got sent home from the club.*

*This will also include siblings until a test result is returned.*

 **Parent/Guardian’s Name:**  **Date**:

 **Parent/Guardian’s Signature:**