



# Tree Top Club



## Tree Top Club - Registration Form

Child's Surname \_\_\_\_\_ Child's First Name \_\_\_\_\_

DoB \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

Pupil of Tockington Manor School	YES / NO	
Any Special Educational Needs		
Family Details		
	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
Postcode		
Email Address		
Home Tel No		
Mobile No		
Work No		
<b>Emergency Contact No</b> (if above unavailable)		
Name and relationship		
I give permission for my child to go on organised trips	YES / NO	
I give permission for my child to be photographed and for photographs to be used by the school for advertising or promotional purposes.	YES / NO	
I give permission for my child to use the swimming pool at the discretion of the leader	YES / NO	
My child requires the use of water aids and I will provide them	YES / NO	
My child is a capable swimmer and I give permission for him/her to swim in the deep end	YES / NO	
I give consent for my child to receive all general first aid services provided at the Tree Top Club by a suitably qualified member of staff	YES / NO	

I give permission for the Tree Top Club staff to act in **LOCO PARENTIS** for my child. In so doing I give the Tree Top Club and its staff overall responsibility to maintain the health and safety of my child whilst in the Tree Top Club's care. I hereby consent to my child attending the Tree Top Club held at Tockington Manor School, or other appropriate site for certain activities.

I also agree to pay for all sessions requested in advance and accept that my child may not be able to attend requested sessions if not paid for in full 7 days or more prior to the day.

I also agree that payment for any missed days is not refundable as staffing will have been organised for each session unless at least one week's notice is given when 50% of the paid fee will be refunded as a credit for future use.

I also agree that if my child/children are booked for a long day and are not picked up on time for any reason, a late collection fee of £10 for every half hour, or part of, will be due.

TMS reserves the right to cancel TTC sessions under extenuating circumstances or if minimum numbers are not reached. Full refunds will be given should this occur.

**Behaviour.** Unacceptable behavior will not be tolerated and may result in rejection from the club. No refund of fees will be given under these circumstances.

Signed .....  
Parent/Guardian

.....  
Date

Please complete in Block Capitals



# Tree Top Club



## Medical Consent Form

Name of Child .....

DoB .....

<b>Name of Doctor</b>		
<b>Tel No</b>		
Name/Details of medical condition		
Signs and Symptoms		
Action to be taken by Tree Top Club Staff		
Treatment required		
<b>Ongoing Medication</b>	My child requires the administration of ongoing medication. I will provide the required medication daily, complete an Ongoing Medication Administration Form with full details and give permission for the Tree Top Club to administer when it is needed	
<b>General Medication</b>	If any medication needs to be administered whilst under Tree Top Club care, an additional Medical Record form <b>must be completed</b> on arrival and medication <b>must be</b> clearly labeled and in its original packaging/container. Please be aware there is no contractual obligation for staff to administer medication	

The following medications may be available to children if required. Please indicate which may be used for your child.

Savlon - or similar antiseptic cream	YES/NO
Anthisan - or similar cream for bites and stings	YES/NO
Plasters of any sort	YES/NO

I authorise Tree Top Club staff to administer the above medication to my child and agree to the rules regarding medication brought in to Tree Top Club:

**Signed:** ..... **Date:** .....  
Parent/Guardian

Please complete in Block Capitals