



CHILDWALL SPORTS CENTRE HOLIDAY CONSENT FORM

Name of Child: _____

Address: _____

Postcode: _____

Date of Birth: _____

Next of Kin: _____

Emergency contact number: _____

School: _____

Ethnicity _____

If you suffer from any medical complaints or conditions please provide details

Please provide details of any disabilities or special educational needs.

I consent to images being taken of my child for marketing purposes around the sports centre and on the website. (YES / NO)

Signed: _____ Parent/Carer Dated: _____