

Permission Slip

(To be used by those not able to access the internet for payment)

Please note that the information provided will be added to our Join in Edinburgh booking site in order to create registers for the clubs you have signed up for. Please visit the website below for an outline of our terms and conditions and privacy statement. A copy of this can be found in the Active Schools folder at the school/ venue where the club is taking place.

www.joininedinburgh.org/sports/active-schools/tc/

Child's First Name		Child's Last Name	
School		Year Stage	
Emergency contact name (please print)		Class	
Emergency Phone number		Gender	
Full Postcode (e.g. EH12 9AE)			
Email Address (please print)			
Please tick if you would you like Active Schools to send relevant information about physical activity and sport to you by email?			
Please tick if you would you like Active Schools to email you about volunteering opportunities?			
Additional Support Needs:			
Do any of the following apply to your child (tick as many as apply)			
Autistic spectrum disorder		Hearing impairment	
Communication Support Needs		Learning disability	
Dyslexia		Other moderate learning difficulty	
English as an additional language		Other specific learning difficulty (eg numeric)	
Language or speech disorder		Visual impairment	
Mental health problem		Physical or motor impairment	
Social, emotional and behavioural difficulty		Looked after	
Physical health problem		Young Carer	
Deafblind		Not applicable	
Medical: Please note below any medical information or additional support needs we should be aware of (please continue overleaf if required) *please note that medication held in school may not be accessible*			

Collection Arrangements (please tick)	Picked Up		Make own way home		Go to after school club	
Active Schools may take and use photographs and videos to use for promotional, funding and evaluation purposes. This may include			YES that's ok			
			NO thanks			
I agree to the participant receiving emergency dental, medical or surgical treatment INCLUDING BLOOD TRANSFUSION/anaesthetic, as considered necessary by the medical authorities present. I understand that The City of Edinburgh Council has in force a Public Liability Insurance Policy which caters for its activities as a public authority. There is no cover in force for Personal Accident. I understand reasonable attempt will be made to contact parents/carers before administering treatment.						
I agree the information provided being added to our Join in Edinburgh booking site in order to create registers for the clubs you have signed up for. This will be kept in line our privacy policy which can be found at the link above or from your Active Schools Coordinator.						
Signed			Date			
Parents/Guardians with objections to the administration of blood products should contact your Active Schools Co-ordinator before completing this form						

Please complete with the clubs you wish your child to be enrolled in. *If your child is registered for Free School Meal Grants, please put FSM in the cost box as you may be entitled to a free place.*

Clubs wishing to attend:	
Total Enclosed <input type="checkbox"/> Cheque payable to 'City of Edinburgh Council'	£20.00
<input type="checkbox"/> Cash <input type="checkbox"/> Registered Free School Meals	