# MEA Central OPEN DOORS Summer Sports Programme 16 – 20 & 23 – 27 August 2021

# YOUNG PERSON REGISTRATION AND CONSENT FORM

To book your child’s place on the MEA Central *Nike* OPEN DOORS summer programme please complete this form and return to the reception at **Manchester Enterprise Academy Central** asap or send to: **Open Doors Summer Programme,** **MEA Central, Lytham Road, Fallowfield, Manchester, M14 6PL.**

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| **YOUNG PERSON’S DETAILS** |
| FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MALE / FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NB THIS PROGRAMME IS AIMED AT YEAR 5, WITH OTHER YEAR GROUPS ADDED IF SPACE ALLOWS CURRENT YEAR AT SCHOOL (e.g. Year 5): \_\_\_\_\_\_\_\_\_\_\_ Name of CURRENT SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOES YOUR CHILD RECEIVE FREE SCHOOL MEALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child speak more than one language? YES / NO (Please say which) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PARENT / CARER DETAILS: (These will be used to contact you in an emergency) |
| FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSTCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Preferred OPEN DOORS Summer Sports Programme week & favourite sports (please tick):- | |
| * Week 1: Monday 16 – Friday 20 August * Week 2: Monday 23 – Friday 27 August | * Football * Basketball * Cricket * Dance * Racket sports * Multi sports |

MEDICAL AND ALLERGY INFORMATION FOR YOUNG PERSON

Does your child:

* Have a disability, learning difficulty or special need? (Circle) YES / NO
* Have any potential allergic reaction both in general and to medication? (Circle) YES / NO
* Have any medical condition or take any medication of which we should be aware? (Circle) YES/NO
* Any other special requirements which we should be aware of?(Circle) YES / NO

***If you have answered ‘YES’ to any question please give details below:***

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* Any food allergies or special dietary requirements?(Circle) YES / NO

***If you have answered ‘YES’ to any question please give details below:***

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# Declaration of Consent

Please read the consents below and tick the boxes to give your consent.

* My child may take part in the Summer Sports Programme at MEA Central’s.
* In the event of a **medical emergency** my child may receive medication or treatment at hospital and/or by medically qualified person(s) and MEA Central’s personnel may sign on my behalf any necessary consents or documentation required by the hospital or medical authorities PROVIDED THAT the delay required to obtain my consent might be considered likely to endanger my child’s health or safety.
* MEA Central may take appropriate **photographs** and/or video of my child. These will be used appropriately for MEA Central’s publicity and information materials. *(optional).* Please tick if you **DO NOT** consent to this.

**Please choose ONE of the two options:**

* My child will be travelling on their own to and from the MEA Central’s Summer Project.
* My child is **NOT** allowed to travel alone and they will be picked up by myself or if this is not possible, the following person(s) will collect them:

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| **Signed: Date:**  **Name (print): Relationship to Young Person:** |