



## THE BIG SWING ADVENTURE PLAYGROUND REGISTRATION FORM

Please complete this form in full to ensure that we have all the necessary information we need about your child. **Please ensure you add two different phone numbers. In the case of an emergency we will need to contact someone.**

### Child details:

Name: ..... Date of birth: .....

Address: .....

Post code: ..... School: .....

Please tick your child's ethnicity:

#### White:

- British
- Irish
- Traveller
- Other: .....

#### Mixed:

- White & Black Caribbean
- White & Black African
- White & Asian
- Other: .....

#### Asian or Asian British:

- Indian
- Pakistani
- Chinese
- Other: .....

#### Black or Black British:

- Caribbean
- African
- Other: .....

**Other (please state):** .....

**Do not wish to say.**

Does your child have a disability? If so, please state: .....

Details of any access requirements, medication or allergies, including food, that we might need to know about. You should list any past or current injuries or conditions that would inhibit your child's ability to play: .....

### Parent/Guardian details:

Name: ..... Tel: .....

Address: .....

Emergency contact (Please supply at least **two different** phone numbers):  
.....

Email address: .....

As part of our evaluation process we may send out parent questionnaires. Please tick here if you **do not** wish to receive these.

Consent: (Circle as appropriate)

**I give / I do not give** permission for my child to have their photograph and or video footage taken.

**I give / I do not give** permission for my child to be given first aid.

**I give / I do not give** permission for staff to apply sun cream to my child.

Signed (parent/guardian) ..... Date.....