



# DAY COURSE APPLICATION FORM

Course No: \_\_\_\_\_ Date: \_\_\_\_\_

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Sex: M / F DOB: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Daytime telephone number(s): \_\_\_\_\_

email address: \_\_\_\_\_

Alternative contact details: Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Photographs may be taken of students for centre publicity. If you **do not** wish for your child's image to be used please tick this box:

Details of any medical condition, allergy, illness, allergy or medication we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Can your child: Swim 50m? \_\_\_\_\_ Ride a bike? \_\_\_\_\_

Details of any additional needs we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parents or guardians of under 18s **must** sign the application form giving consent to participation and then they should be returned, together with the fee to:

White Hall Centre  
Long Hill  
BUXTON  
Derbyshire  
SK17 6SX  
Telephone Number: 01298 23260  
email: white.hall@derbyshire.gov.uk





## CONDITIONS OF BOOKING

1. I have read the notes for course members and understand the nature of the course. I agree that my child shall abide by all safety regulations, follow instructions and have a good standard of behaviour.
2. I understand that my child may need to be sent home in the event of illness or poor behaviour.
3. I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is caused by the negligence of the County Council, its employees, agents or subcontractors.
4. I understand that course members are NOT insured by Derbyshire County Council against personal injury, loss or damage that is not caused by negligence on the part of Derbyshire County Council or its employees, agents or subcontractors.
5. I understand that personal accident, loss or damage and cancellation insurance should be arranged by myself.
6. I authorise the Centre Manager or their representative to consent to any medical treatment, which a medical practitioner deems necessary.
7. I understand that it may not be possible with mixed groups for members of staff of each sex to be present at all times during the activities.
8. I understand that in the event of having to cancel my child's place on the course the following criteria will apply:
  - Within one month of the course date – full payment will still be payable
  - Over one month of the course date – 25% will be payable
9. I consent that the personal data on this consent form will be kept by White Hall Centre for insurance purposes in line with the General Data Protection Regulations, White Hall's Privacy Policy, Retention Schedule and the Limitations Act (1980) for 7 years. In the event of a 'serious accident' for 25 years from the birth date of the individual.