Reference No:

**Participant Details 5 / 6 / 7 (Circle as appropriate)**

|  |  |  |
| --- | --- | --- |
| **First Name:** |  | |
| **Last Name:** |  | |
| **Gender** |  | |
| **Date of Birth** |  | |
| **School** |  | |
| **Eligible for Free School Meals?** | | **YES / NO / UNSURE** |
| **Do you have an Education, Health & Care Plan (EHCP)** | | **YES / NO / UNSURE** |
| **Photo Consent?** | | **YES / NO** |

Please use our additional participant form if necessary.

**Emergency Contacts**

|  |  |  |
| --- | --- | --- |
| **Emergency Contact 1** | **Name:** |  |
| **Contact Number:** |  |
| **Emergency Contact 2** | **Name:** |  |
| **Contact Number:** |  |

**Additional Information**

|  |  |
| --- | --- |
| **Ethnicity** |  |
| **Disability** | **YES / NO** |
| **If yes, please give additional information/details** |  |
| **Medical Notes** |  |
| **Behavioural Information** |  |
| **Special Educational Needs** |  |
| **Dietary Requirements** | **YES / NO**  **(If yes, please give details)** |

Please visit our website to view our Privacy Policy.

By signing this form, you give consent to Ackeee Tree Ltd:

* Give consent to Ackeee Tree Limited for your child to take part in a full range of activities on-site and off-site.
* Give consent to Ackeee Tree Limited for our staff to administer approved medical treatment to your child, as is deemed necessary, in an emergency on the advice of a qualified medical practitioner.
* Agree to have read and accept the privacy policy & terms and conditions for Ackeee Tree Children’s Club run by Ackeee Tree Limited.

**Booking dates are the same as participant 1. If not, please complete a new form.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Carer)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**