

Membership Form



С	hild's Details								
First Name:		Surname:		Date of Birth:	Gender: (please circle) Male / Female)	School Attended:	
Ac	ddress:							Language(s) spoken	
Ac	dditional information	(Medical proble	ems, sp	ecial or addition	nal needs, allerç	gies, dieta	ary re	equirements etc):	
Εt	thnic Origin (plea	ase circle)							
2 White Irish 3 Any other White background 4 Mixed White/Asian 5 Mixed White/Black African 6 Mixed White/Black Caribbean 13 E			9 Pa 10 Ba 11 Ch 12 Ar 13 Bla	Chinese Any other Asian background Black African/African Black British			Any other Black background Irish Heritage Traveller Roma/Gypsy Any other Ethnic background Prefer not to say		
L	egal Parent/Gua	ardian Detai	ls						
Title:			First Name:		Surname:		ie:		
Relationship to child:									
Н	Home Address:								
Work Address:									
Home Number:		Mobi	le Number:	Work Numb		umb	er:		
Е	mail Address:		ı			L			
W	Iternative Emer e are not able to co Iternative Contact	ontact you)	act De	etails (Please	provide the de	tails of a	nt lea	ast one person we can contact if	
Name:					Relationship to the child:				
Telephone Number:				Telephone Num			per:		
Alternative Contact 2									
Name:						o to the child:			
Telephone Number:				Т	elephone Numb	er:			
D	octor's Details								
Name:		Add	ress:						
Telephone:									

Wisbech Adventure Playground (APG) is an open access provision so children may come and go as they please. Staff cannot accept responsibility for ensuring children remain on the premises or escort them home.

- Wisbech Adventure Playground offers play provision for children aged 8 and over.
- Children under the age of 8 years <u>must</u> attend with a parent/carer over the age of 18. The parent/carer must remain on site at all times, and the child remains their responsibility. It is up to the parent/carer to decide on the suitability of the play opportunities offered, as equipment and activities are primarily targeted at ages 8+.
- Old clothes should be worn, as activities at the Adventure Playground can be very messy.

I give permission for my child to be photographed for the purpose of records

(please CIRCLE	YES to give consent)
For INTERNAL USE	YES / NO
and/or publication for EXTERNAL USE:	YES / NO
I give permission for staff to administer appropriate first aid if required, including the use of alcohol-free cleansing wipes and hypo-allergenic plasters. (Please indicate any allergies).	YES / NO
I give permission for staff and to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident.	YES / NO
Data Protection Privacy Notice	
Details about how we use your data and the rights you have around this can be t Cambridgeshire County Council Education Directorate privacy notice	ound in the
www.cambridgeshire.gov.uk/privacy-statement/education-service-privacy-notice	<u>/</u>
If you have any queries, please contact the Data Protection officer at data.protection@cambridgeshire.gov.uk	
understand that the above email address will be used to contact me about the activities a Wisbech Adventure Playground	t The
have read an understood the above information and conditions for my child attending W	isbech APG
Signed (Legal Parent/Guardian): Print Name:	
Date:// <u>www.wisbechadventureplay.net</u>	