

**MULTI SKILLS DISABILITY CLUB
PARENTAL CONSENT FORM**

PARTICIPANTS DETAILS (Please print)

Name: _____

Address: _____

_____ Postcode: _____

Contact Tel: _____ (a.m.) _____ (p.m.)

DISABILITY (PLEASE TICK IF APPLICABLE)

Learning Please detail _____

Sensory Please detail _____

Physical Please detail _____

Other Please detail _____

Medical information - please give details of any health problems including medication

Parental consent - I do hereby give my permission for my child to attend the Belvoir Activity Centre Multi skills disability club. I understand that Castlereagh Borough Council, its servants, agents and employees accept no responsibility for loss, damage or injury caused by or during attendance on any of these courses except where such loss, damage or injury can be shown to result directly from negligence of the said Council, agents, servants or employees. I am also willing to let my child participate in any official media coverage of this programme

It is the requirement of the Data Protection Act, that we ask you permission to hold your details on file. **If you any objections then please tick**

Signed: _____ (Parent / Guardian)

Print name: _____

Date: _____

PLEASE RETURN TO: Steve McCready - Belvoir Activity Centre

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