



BiG Bright Futures Holiday Scheme Registration Form

We are very pleased to welcome your son / daughter onto the BiG Bright Futures Holiday Scheme on the following dates:

(enter all dates here)

Please complete this form and e-mail to info@brightfutures4all.com.

A parent or carer must sign the form before it is returned. We will also use this information to ensure that you are kept informed about other BiG Bright Futures programmes and events.

**Name of
child**

**Address of
child**

Postcode

Home telephone number

Mobile*

Email*

**Date of Birth of
child**

*** Neither the mobile number nor the email should be that of the child - this could make children vulnerable and is considered poor practice and against our moral code. For a child/young person these details should be those of the parent/carers.**



Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider your child to have a disability? Yes ☐ No ☐

If yes, what is the nature of the disability?

Please detail below any important medical information that we should be aware of

Visual impairment ☐

Physical disability ☐

Hearing impairment ☐

Learning disability ☐

Other (please specify)

Sporting information

Has your child played football before? Yes ☐ No ☐

If yes, where has he / she played football (please indicate below)

Primary / secondary school ☐

Club ☐

Other (please specify)

Education information

Please indicate what level you feel your child is in the following areas:
(tick the appropriate box)

Level:	6	5	4	3
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Medical information

Please detail below any important medical information that I / BiG officials / volunteers should be aware of (e.g. epilepsy, asthma, diabetes etc.)

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Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer

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Emergency contact number

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By returning this completed form, I agree to my son / daughter in my care taking part in the activities involved in the BiG Bright Futures Holiday Scheme.

I understand in the event of injury or illness all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.

I understand that I am responsible for ensuring that: my son / daughter arrives at the venue safely; at the end of the session, my son / daughter is / are collected promptly by the agreed time or confirm that he / she is responsible to go home by themselves (tick appropriate box). **Will be collected** ☐ **Will go home by themselves** ☐

I have read BiG's code of conduct for participants and I have discussed this with my son / daughter and confirm that they are aware of what is expected from them and others so all enrolled onto the programme promote fair play.

We will be taking photographs and will video some of the activities for training and marketing purposes and photos and short films will be placed on the BiG website and published in BiG Bright Futures promotion material. By taking part in this Holiday Scheme, you agree to this happening unless you have otherwise informed BiG Bright Futures in writing and emailed to info@brightfutures4all.com.

Name of parent/carer:

Signature of parent/carer:

Date: