**Camp Registration Form**

|  |  |
| --- | --- |
| CHILD NAME |  |
| AGE |  |

|  |
| --- |
| DOES YOUR CHILD HAVE ANY MEDICAL ISSUES WE NEED TO BE AWARE OF? IF YES PLEASE GIVE DETAILS. This information is only collected for the purpose of Health and Safety and the wellbeing of your child while on the camp. We will not keep this information beyond the duration of the Camp. |
|  |

**EMERGENCY CONTACT DETAILS** In case of an emergency please contact:

|  |  |
| --- | --- |
| Name: | Relationship to child: |
| Mobile Number: |

**PHOTOGRAPHS/FILMING**

Please note that filming and photography will be taking place at the Saints camps which may be used on social media, websites and in print. If you do not wish you child to be included in photos/filming please indicate below;

I **do not** give permission for any filming or photography to be used of my children, please tick 🞎

**FUTURE SAINTS CAMPS**

If you wish to be informed about future Saints Camps please tick 🞎 and fill out your email address below;

|  |  |
| --- | --- |
| Name: | Email: |

**CONSENT (please read carefully)**

I agree to my child/children taking part in the activities at the Saints camp. I confirm to the best of my knowledge that my child/children do not suffer from any medical condition that will prevent them from safely taking part in physical activity.

**Signed Parent/Guardian**

**Data Privacy**

The personal data you have shared within this form will be held by SCDF in line with Saints privacy policy which can be found at; <https://www.saintsrlfc.com/privacy-policy/>. At the end of the Summer Camps the forms will be securely disposed of, with just the email securely held if you have indicated you wish to be informed of future camps.