

REGISTRATION FORM



Name:

Child's Name:

Your Relationship to the Child:

Child's Date of Birth:

Address:

Telephone Number:

Email:

School Attended:

Emergency Contact 1 (name and phone number):

Emergency Contact 2 (name and phone number):

Relevant medical information concerning the Child, including current medical health, any allergies, illnesses or diseases the Child suffers from:

I give/ do not give consent for the above child(ren) to have pictures taken for use in any promotional material relating to Great Sports

I give/ do not give my permission for the qualified staff to approve or administer first aid or medical treatment if needed on my behalf.

Below are the terms and conditions on which I provide sports coaching services. Before you agree that I will provide the Services, please read the terms and conditions. If you have questions concerning them please ask before entering into a contract with me.

Your signature below is your agreement for me to provide the Services on the Terms and Conditions.

SIGNED:

Dated:

Terms and conditions

1 Prior to me providing the Services

1.1 You will complete the registration form to provide me with the relevant information and you agree to provide to me any change to the information on the registration form in a timely fashion. You recognise that if I do not have up to date information, particularly concerning contact information, there may be delays in contacting in the case of an emergency.

1.2 You will sign the copy letter attached to these Terms and Conditions providing consent and permission giving authority to me to administer prescribed or proprietary medicines while I am performing the Services, on the basis that I am not covered for such acts and therefore I will not be liable for any (adverse) effects to or on the Child.

1.3 If the performance of the Services is prevented or delayed by any act or omission of yours I shall not be liable for any costs, charges or losses sustained or incurred by you or the Child arising directly or indirectly from such prevention or delay.

1.4 I shall not have any liability under or be deemed to be in breach of this Agreement for any delays or failures in performance of this Agreement which result from circumstances beyond my reasonable control.

2 Performance of the Services

2.1 The provision of the Services in relation to the Child will be limited to the following:

2.1.1 supervising and coaching children's team and/ or individual sports which includes allowing the Child to play with other Children.

2.1.2 any other activities or tasks as agreed by you and me.

2.2 I am unable to provide meals and/or snacks for the Child and if you do provide these to the Child then you confirm these are suitable for the Child and the Child has no known allergies.

2.3 Where the Child is involved in an accident or suffers injury while I provide the Services I will inform you as soon as I can, using the contact information you have provided on the registration form.

2.4 At times I may not be able to provide the Services:

2.4.1 Emergency/short notice: If I am unable to provide the Services at short notice or because of an emergency I will attempt to contact you on the contact details provided or I may arrange for another coach to provide the Services.

2.5 If you or the Child:

2.5.1 do not comply with my reasonable instructions; and/or

2.5.2 are behaving or acting unreasonably or are offensive to myself or to other children or persons; and/or

2.5.3 are causing harm or are likely to cause harm to other children,

then without prejudice to any other rights or remedies I may have, I may either suspend the performance of the Services immediately, or, in serious cases no longer provide Services without liability to you.

3 Where the Services are provided

Normally the Services will be provided at Wood End School. You will be contacted if the venue should change.

4 Your responsibilities and obligations

4.1 You will:

4.1.1 bring the Child to the venue not earlier than the time specified for when I start providing the Services;

4.1.2 collect the Child from the venue no later than the time specified for the collection of Child.

The time periods and venue will be advised to you at the time of registration or as set out in the information documents I provide.

4.2 You will provide certain items on each occasion that your Child use my Services, including:

4.2.1 indoor and outdoor sports clothing suitable for the weather conditions at the time I am providing the Services;

4.2.2 any special foods or drinks;

4.2.3 any other items as advised in my information documents.

4.3 You will co-operate with me in all other matters relating to the Services

5 Termination

Either of us may terminate the contract subject to giving the other 48 hours written notice. If you have paid for the Services in advance, and the contract is terminated before I have provided all the Services for which you have paid it will be at my discretion as to whether I will provide a refund.

6 Your possessions on my premises

My premises are used by other children and the parents or carers of other children and I am unable to take responsibility for the loss or damage of any valuable possessions or clothing.

7 Contacting each other

If you wish to send me any notice or letter then it needs to be sent to 9 Corner Wood, Markyate, St Albans, Hertfordshire, AL3 8RF. If I wish to send you a letter or notice we will use the address or e-mail address you have given in the Form.

8 Disputes

If you are unhappy with the Services I provide I hope you will discuss any problems or issues with me first. This contract is governed and construed by the law of England and Wales and any proceedings may only be taken in the Courts of England and Wales.

9 Variation

These Terms and Conditions can only be amended by written agreement between the parties.

Consent to administer any prescribed or proprietary medicine

The liability insurance I (*Kate Barron*) have does not cover me to give any medicines. To cover this situation, I need your written consent to do so, with your specific understanding that I can do so without accepting liability or responsibility for any adverse reaction that your child may have following the administering of the prescribed medication or the proprietary medicine listed below.

Name of medicine: (specify)

Description of medicine: (specify)

Dose: (specify)

Frequency: (specify)

If you agree to provide the consent to *Kate Barron* as stated above, and the information you have provided is accurate, please sign below

.....
Signature

Date:

Relationship to (full name of child): Parent/Guardian/Other (describe):