

# MINI ADVENTURES



## Activity Den - Registration Card

Please complete this card fully prior to your arrival at the Activity Den. Please feel free to visit the Activity Den to discuss your child's needs with us at any time during our opening hours. All personal data provided in this form relating to you and any named children will be processed by Center Parcs for the purposes of providing the activity. For more information about how we handle your personal data please see our full privacy policy available on our website or on request from Guest Services

Please note: We require one completed form per child.

Child's Forename: PRINT \_\_\_\_\_ Surname: PRINT \_\_\_\_\_

Age: \_\_\_\_\_ Accommodation Address: \_\_\_\_\_

Date Leaving Village: \_\_\_\_\_

Child's First Language: \_\_\_\_\_

Parent/Carer Details: PRINT NAME \_\_\_\_\_

Parent/Carer Address if different from above: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Parent/Carer Mobile Number: \_\_\_\_\_

Emergency contact point: Please specify where you will be during the Activity Den session:

Please specify if your child has any Medical condition/ Allergies, e.g. Asthma, Eczema, Food/ Animal Allergies:

Is the child issued with an EpiPen? YES/NO

Children issued with an EpiPen must bring them to each session that they attend and the pen must be in date. For their own safety they will not be admitted if this procedure is not followed. You will be asked for further details prior to the session regarding allergies known to trigger anaphylaxis.

Staff are not permitted to administer any medication, however in the case of an emergency if we are not able to make contact with you, Medical assistance may be obtained and medication may be administered; this does not include medication for a pre-existing condition with the exception of asthma and anaphylaxis. We need your written permission to do this; please see below.

**Permission for Emergency Treatment:** I give permission for a member of staff to obtain urgent medical treatment for the participant named on this card. This may include life saving surgery, or emergency treatment recommended by a doctor or dentist for an acute condition or to alleviate pain.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Please specify any special needs, physical or learning disabilities:

The staffing ratio for this session is set.

If higher ratio of care is needed, please discuss with staff prior to the session for advice on options available. If you believe a higher care ratio might be needed, notice is required so that additional support can be sourced if available.

If your child will be outdoors during the session you may find it useful to bring sun cream to the session or apply it prior to the session.

Please provide any other information you feel may help us to give your child a happy and enjoyable visit.

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To provide a safe environment and to work within government guidelines, we may observe and record your child within our facilities. This will enable us to fulfil all children's needs.

In the event of a fire evacuation within the Activity Den, the children will be taken to the pre-determined safe location. (Please check where this is at the Activity Den booking point if you would like details).

Collection:

Unless permission is provided for the child to leave alone (see below), all children must be signed in and out of every session by a person aged 16+.

Password for collection of child: \_\_\_\_\_

Please note collecting Parents/ Carers must know the password for the child to be released from the session.

I confirm I have read all information on this card and that the details on this card are correct to my knowledge.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Face Painting

I give permission for the child named on this registration card to receive a complimentary face paint:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)