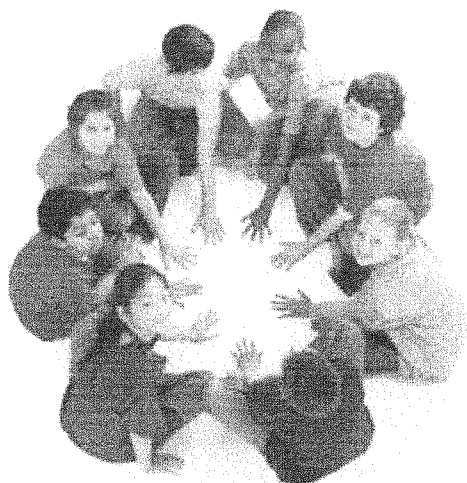


Four Towns Play Association

# Free Easter Play Scheme!



For children aged 5- 11 years

Take part in team games, sports, arts and crafts  
and lots of fun!

**12th—16th April 2021**

At The Patch, Patchway Youth Centre, Coniston Road ,  
Patchway, BS34 5JP

Session: 10:30am- 2:30pm

A packed lunch will be provided

This provision has been supported by funding from South Gloucestershire Council via Department for Education through the Holiday Activities and Food Programme

**BOOKING ESSENTIAL:** For more info or a booking form email:  
[barbaraball@southernbrooks.org.uk](mailto:barbaraball@southernbrooks.org.uk) or call 07973781616



# Four towns play scheme

## Parental Consent Form



Play  
Association  
07973781616

Please complete all sections on both sides fully

### Participants information

Name of participant:	House name/number:
Date of Birth:	Road Name:
Age:	Area e.g. Patchway:
Gender:	Postcode:
School:	

Do you have any medical conditions or additional needs? Please tick the appropriate box.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you have answered yes we will be in contact prior to the scheme starting for further information

### Parent/Guardian information

Name:	Phone number:
Email:	

### GP Information

Surgery:	Phone number:
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Are you: (Please tick all that apply)

Entitled to Free School Meals	<input type="checkbox"/>
On low income	<input type="checkbox"/>
Furloughed	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Which ethnic group do you feel you belong in? (tick one)

White British

Arab

White Irish

Asian/Asian British

Other White background

Gypsy or Traveller of Irish Heritage

Black/African/Caribbean/Black British

Mixed/Multiple Ethnic Groups

Any other background please state

Prefer not to say

**Declaration: PARENT/Carer**

In signing this document:

- I have read and fully understand the handout I received with information relating to the Play Scheme.
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided.
- I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date.
- I agree to my son/daughter/ward receiving medication and any emergency dental or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Name:.....

Signed:.....

Date:..... /...../.....

**Recorded Media, Video & Photographic Consent Form**

To be completed by Parent/Guardian

I consent to photographs and videos being taken of my child participating in activities at the Four Towns Play Scheme, which may be used for future publicity and reports.

Name of Parent Guardian .....

Signature .....

**Food Requirements** Please tell us about any food allergies or dietary requirements

.....  
**Allergies**

.....  
**Dietary requirements**

**Cancellation policy**

Please phone 07973781616 to cancel. A minimum of 24 hours' notice is required due to food ordering.

**Location**

Please tick the location you are booking for.

Bradley Stoke	
Kingswood	
Patchway	
Yate	

**Date**

Please tick the date you are booking for.

Monday 12 <sup>th</sup> April	
Tuesday 13 <sup>th</sup> April	
Wednesday 14 <sup>th</sup> April	
Thursday 15 <sup>th</sup> April	
Friday 16 <sup>th</sup> April	