**South West Wiltshire Leisure Credits Scheme – September / October 2020**

**Parent Permission Form**

I give permission for my son/daughter/ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) to take part in the following Leisure Credits sessions / Activities: *(please tick*)

Work:

Saturday 12th September Saturday 26th September  Saturday 10th October 

Saturday 24th October Tuesday 27th October Thursday 29th October 

Rewards:

We are hoping to organise some reward activities during the next 2 months and will send a separate letter about these. Any thoughts and ideas for reward activities, considering the social distancing measures.

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Hoodies:

If you would like to use some of your credits to get a Seeds4Success Leisure Credits Team Hoodie please tick what size you would like and state whether you would like a name and what size (and if so what you want)

Large Kids  Small Adult  Medium Adult  Large Adult  Extra Large Adult 

I would like the name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ printed on my shirt.

I enclose £1 for this to be in small writing on the front 

I enclose £3 for this to be in large writing on the back 

I enclose £3 for this to be in large writing on the sleeve 

Please provide a mobile number that we can text pick up details to and say whose number this is e.g. young person, parent etc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please inform us of any changes to the information provided on the annual consent form: |
| Please provide emergency contact information for these sessions: |

I have completed a current annual consent form and a covid19 medical form, I understand I need to follow government guidelines on self-isolation and I will notify Seeds4Success if my child or anyone they are in contact with have symptoms and they will not attend sessions if unwell. I have provided the most current medical information and an emergency contact number for this activity.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent / guardian) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent / guardian)