**Running Club Registration Form.**

I give permission for my child …………………………………………………………………………..

in class ……………. to attend running club on Friday afternoons 3.30 until 4.15pm.

**If your child is in KS2** please indicate pick up arrangements:

My child will:

* Be picked up by ……………………………………………………………………………………...
* Is allowed to walk home
* Will return to Saplings

**Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Child** | **Contact Number** |
|  |  |  |
|  |  |  |

**Details of allergies/medical or any other conditions which might affect how we coach your child:**

**GDPR**

By signing this form, you consent to the running club team holding and accessing the data provided on this form for the purposes of the safety and wellbeing of the child named on the form.

Data provided is held in a Dropbox file that can be accessed only by the running club team. We do not share information about running club members with anyone without further consent. The data that we hold will be removed from files once we become aware that the named child has left Ashlands Primary School (at the end of year 6 or before). You may also request that we update or delete the data provided to us at any time. However, if you choose to not share the data requested on this form with us, we will not be able to accept your child at running club.

**Emergency contact 1**

I consent to the running club team contacting me on the telephone number provided above, for matters concerning the safety and wellbeing of the child named on the form. *(Please tick box if consent is given)*

Signed : …………………………………………………………………………………………..

Relationship to child: ……………………………………………………………………

**Emergency contact 2**

I consent to the running club team contacting me on the telephone number provided above, for matters concerning the safety and wellbeing of the child named on the form. *(Please tick box if consent is given)*

Signed : …………………………………………………………………………………………..

Relationship to child: ……………………………………………………………………