

JERSEY SPORT

COURSE APPLICATION FORM - PART ONE

Please fill in both pages of this form and ensure you sign and date overleaf.

DETAILS

Child's name:	Date of birth:
Home address:	
Parish:	Post code:
Parent or primary guardian name:	
Parent or primary guardian email:	
Day phone:	Mobile phone:
Emergency contact name and number:	
Alternative emergency contact:	
School:	
Who does the child live with?	
Who can collect the child? (Names and relationships)	

Medical conditions, recent vaccinations, allergies, statements of special needs etc:

List any educational needs (sen) or other relevant information:

Sports clubs that the child attends:

How did you find out about the course?

We collect information to help manage your account. All personal information we collect from you will be recorded, used, and protected by us in accordance with the Data Protection (Jersey) Law 2018 and with our privacy policy (available at www.jerseysport.je). We may supplement the information that you provide with other information that we obtain from our dealings with you.

You have the right, at any time, to ask us to delete or update the information we hold about you. You can do this by calling **01534 757 700** or emailing **info@jerseysport.je**

[illegible]

JERSEY SPORT

COURSE APPLICATION FORM - PART TWO

Please fill in both pages of this form and ensure you sign and date below.

PERMISSIONS	YES
I give permission for Jersey Sport coaches to apply sun cream that I have provided for the child	
I give permission for Jersey Sport coaches to apply other sun cream to the child	
I give permission for the attendee to have their photo taken. Photos may be used in future promotion and marketing by Jersey Sport, using social and other media	
I give permission for Jersey Sport to email me (at the stated parent/primary guardian address) with details of other Jersey Sport courses, events and information	
I give permission for Jersey Sport to email me (at the stated parent/primary guardian address) with the monthly e-newsletter	
I give permission for Jersey Sport to text me (on my stated emergency mobile number) with details of other Jersey Sport courses, events and information	
I give my consent for the attendee to walk home from these courses (this applies from Year 5 and above)	
I will be sending prescribed medication with the child. If yes, please provide details below:	

To the best of my knowledge the attendee is medically fit to participate in the activities involved and I undertake to inform you in advance of any alteration to this position. I consent to the child being given emergency medical treatment. Jersey Sport reserves the right to cancel or amalgamate classes where necessary. By signing below I confirm I agree to Jersey Sport's terms & conditions and the Privacy Policy, both available at jerseysport.je.

Parent or Primary Guardian signature:	
Date:	

METHOD OF PAYMENT:

Cheques should be made payable to **JERSEY SPORT LIMITED**. Please write child's name on the back of the cheque. You can also pay by card over the phone by calling: **01534 757 700**. We do not accept cash payments for these children's activities.

PLEASE RETURN YOUR FORM TO:

Course Bookings, Jersey Sport, Main Pavilion, FB Fields, St Clement, Jersey, JE2 6QN.

Confirmation of places on our courses will be sent via text to your stated mobile number.

ACTIVE ADULTS

GET BACK INTO SPORT
MEET NEW FRIENDS
KEEP FIT

Don't let the kids
have all the fun!

sponsored by

APPLEBY

JERSEY SPORT
JERSEYSport.JE