

## Phoenix Basketball and Netball Camp Summer HAF– Consent form 2024

<b>Parent/Carer's name:</b>	<b>Child's Name:</b>  Gender:	DOB:
<b>Address:</b>  <div style="text-align: right;"><b>Postcode:</b></div>	<b>Child's Name:</b>  Gender:	DOB:
<b>Mobile:</b>  <b>E-mail:</b>	<b>Child's Name:</b>  Gender:	DOB:
Learning Support Needs		Ethnicity
School:		
Does, your child/children receive free school meals? Yes / No HAF Code:		
Allergies/Medication		
GP Name and Address:		GP Tel:
<p>I give consent for my child/children to take part in enrichment activities organised by</p> <p style="margin-left: 100px;">Fusion Scape Ltd (Charity) to include:</p> <p style="margin-left: 150px;">Basketball and Netball</p> <p>Venue: Derby Arena Royal Way, Pride Park, Derby DE24 8JB, Osmaston Park Community Centre          Moor Lane Derby DE24 9HY and other suitable alternative venues in the community.</p>		
<p>I give permission for first aid treatment to be applied and my child to be seen by an appropriate medical staff as necessary. <b>Yes / No</b></p> <p>Photographic and Video Consent for social media/Fusion Scape Website/report to funders <b>Yes / No</b></p> <p style="margin-left: 100px;">Permission to speak and be interviewed by the media about the project <b>Yes / No</b></p> <p style="margin-left: 100px;">Signature..... Date.....</p> <p><input type="radio"/> <b>Yes</b>, I would like to be contacted with information about other suitable activities for children and young people.</p> <p><input type="radio"/> <b>No</b>, I am not interested.</p>		