

Tickhill Summer Activities Membership Form 2019

The information submitted will be kept secure by Tickhill Town Council. The information will be accessed by relevant staff who may need information in **cases of emergency**. Under G.D P.R. this information will not be shared with any third parties and will be destroyed when the activities close at the end of August 2019.

There will be no photographs taken by Tickhill Town Council or its associates.

Name of participant(s).....

Date of birth...../...../.....

Gender

Would you consider the participants to have any disabilities? Yes or No

If yes, please give brief details.....

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Does the participant(s) have any medical conditions or allergies? Yes or No

If yes, please give brief details

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Participant's address.....

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Emergency contact (name and number)

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Signature of parent or carer

..... date.....

These Activities have been provided by Tickhill Town Council in association with D.M.B.C.