**2019 BEACH CAMP REGISTRATION FORM**

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| --- | --- | --- |
| Child’s Name |  |  |
| Address |  |  |
| Post Code |  |  |
| Telephone Number (Home) |  |  |
| Telephone Number (Mobile) |  |  |
| Email |  |  |
| Child’s Date of Birth (age in brackets) | ( ) |  |
| Child’s School |  |  |
| Medical History (if any): |  |  |
| **Photograph/Video Permission**   Photos/Videos may be taken of camp activities. By ticking this box, I consent for my child’s photo/video being used on the Richmond Volleyball website, club posters/leaflets, Twitter account (<https://twitter.com/rvb_london>) and/or Facebook page (https://facebook.com/RichmondVb/)   By ticking this box, I consent that Richmond Volleyball may pass on photos of the camp activities, which may include my photos of my child, to our supporter Richmond Parish Lands Charity for use in their Annual Report. | |  |
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| **First Aid**   I give consent for my child to receive first aid treatment by a member of staff should the need arise, and for staff to seek emergency medical advice/treatment if required | |  |
| **Data Protection**   I have read and understood the club’s privacy notice (see <https://www.richmondvolleyball.co.uk/our-club/policies-and-procedures/members-privacy-notice>)   I understand that I can withdraw my consent at any time by emailing beach@richmondvolleyball.co.uk | |  |
| **Code of Conduct**   I have read and agree to comply to all Richmond Volleyball Policies & Procedures etc. (see <https://www.richmondvolleyball.co.uk/our-club/policies-and-procedures> ) | |  |
| **By signing this form I acknowledge and accept that neither Richmond Volleyball and the organisers providing the facilities are under any liability whatsoever in respect of any personal injury, loss or damage to property occurring whilst my child is in attendance at the beach camps.** | |  |
| Name of Parent/Guardian |  |  |
| **Signature of Parent/Guardian** |  |  |