

# FIT, FED & READ ENTRY FORM

## Summer 2019

**Dates:** Mon-Thurs. Weeks commencing July 29<sup>th</sup> - Aug 19<sup>th</sup> (4 Weeks)

*(It is intended that all young people entering will attend the majority of the four weeks)*

**Times:** 09.45am (registration). 10.00am-2.00pm

**\* Required**



### Which location do you wish to enter your child? \*

- |  |  |   |
|--|--|---|
| Hatfield Fire Station <input type="checkbox"/>             | Hemel Hempstead Fire Station <input type="checkbox"/>    | Cheshunt Fire Station <input type="checkbox"/>  |
| Stevenage Fire Station <input type="checkbox"/>            | Borehamwood Fire Station <input type="checkbox"/>        | Watford Fire Station <input type="checkbox"/>   |
| Rickmansworth Fire Station <input type="checkbox"/>        | Bishop's Stortford Fire Station <input type="checkbox"/> | St Albans Fire Station <input type="checkbox"/> |
| Baldock & Letchworth Fire Station <input type="checkbox"/> |  |   |

### Child's Details

Full Name\* .....

Address\* ..... Postcode\* .....

Age on 29<sup>th</sup> July 2019\* ..... Date of Birth\* .....

Gender\* Male  Female  Prefer Not To Say

Ethnicity\* White  Asian/Asian British  Black/African/Caribbean/Black British

Mixed/Multiple Ethnic Groups  Other Ethnic Group

School Currently Attending\* .....

Is the child currently eligible for free school meals? \* YES  NO

Has the child attended a Fit Fed & Read programme before? \* YES  NO

**During the school holidays, how many minutes of daily physical activity would your child typically take part in each day? \*** 0-29 minutes  30-59 minutes  60+ minutes

### Parent/Guardian Contact Information

#### Main Contact (Parent/Guardian/Carer)

Name\* ..... Relationship to the child\* .....

Phone Number\* .....Email: .....

Address (if different to address above)\* .....

#### Second Emergency Contact (This should be different to the main contact)

Name\* ..... Phone Number\* .....

#### Does anyone else have permission to drop off or collect your child from the project? \*

YES  NO

If Yes please list those with permission here: 1) ..... 2) ..... 3).....

#### Where did you hear about Fit Fed & Read? \*

- Child has attended before  School  Family centre  Intensive Family Support Team   
 Housing Association  Food Bank  Word of mouth  Other

Please provide more detail.....

#### Is your application through a key worker / family support worker? \* YES NO

If YES please provide their: Name:..... Phone Number: .....

Email Address: .....



**Disabilities, Allergies, Medication and Dietary Information**

Would you consider the child to have any disabilities or special requirements? \* YES  NO

If YES then please give details of the child's disability/special requirement:

.....

What are the additional support needs of the child (if any)?

.....

Does the child qualify for disability benefits (such as DLA or PIP)? YES  NO

Does the child have any allergies or medical issues? \* YES  NO

If YES then please detail: .....

.....

Is the child currently taking any medication? \* YES  NO

If YES then please detail: .....

.....

Does the child have any dietary requirements? \* YES  NO

If YES then please detail: .....

.....

**Emergency First Aid \***

In the event of a medical emergency do you give permission for your child to be diagnosed and treated by a qualified and licensed professional, where if left untreated could result in further harm? YES  NO

**Off Site Visits \***

Do you give permission for your child to attend supervised off site trips to Fit Fed & Read related activities such as library visits, or other community facilities?

(These trips will be fully supervised and risk assessed) YES  NO

**Photo Consent \***

Do you give permission for your child to be in media captured by Herts Sports Partnership during the project and use any publicity, fundraising or other purposes to help achieve the group's aims. This could include printed and online publicity, social media, press releases and funding applications. YES  NO

**Evaluation Consent \***

In order to keep this programme free of charge we need to provide feedback about the benefits to the participants (your child) to the funding organisation. All names and personal details are removed from this information, so you and your child will not be identifiable. Do you give permission for us to collect project feedback from your child? YES  NO

**What is the best way for us to contact you to confirm your child's attendance? \*** Phone  Email

**Future Opportunities \***

Can we contact you about your local Fit Fed & Read programme, and other opportunities? YES  NO

Signed: .....Print Name: .....

Relationship to Young Person: ..... Date: .....

**Statement of Confidentiality**

*All information provided in this Entry Form will be kept confidential and comply with GDPR law. Once the event has concluded all personal information will be destroyed.*

*Completed Forms can either be scanned and emailed to [fitfedandread@herts.ac.uk](mailto:fitfedandread@herts.ac.uk) or posted to **Kelly Fagan, Herts Sports Partnership, Sport Performance & Development Centre, University of Hertfordshire, de Havilland Campus, Hatfield, AL10 9EU***

