## The Pickaquoy Centre Junior Course Registration Form (Please fill in all details using block capitals)

Forename Surname   Address Postcode   DOB						
Address DOB			Surname			
DOB						
Email						
Address						
EMERGENCY CONTACT DETAILS						
Forename Surname	Surname					
Contact Number Mobile Number	Mobile Number					
<b>CONTACTING YOU</b> From time to time the Pickaquoy Centre will send out emails that include surveys of your experience using our facilities. We do this to get your feedback and see what improvements can be made for you and your child. We also send emails that inform you of						
'What's On at the Picky' so you don't miss out on holiday activities, drop-in sessions, and events taking place at the Pickaquoy Centre.						
Do you consent to receiving emails that include surveys?		Yes	No			
Do you consent to receiving 'What's On at the Picky' emails?		Yes	No			
Please provide details on any medical conditions your child has e.g Diabetes.						
Please provide details on any medication your child currently takes.						
Please provide details on any allergies your child has e.g nuts, plasters.						
Please provide details on any other information that would assist us with your child's experience e.g disabilities, behavioural concerns.						
<b>Do you consent to these medical details being held on your system?</b> These details will only be only stored on our courses software but will be provided to your child's instructor/s		Yes	No			
I consent to my child receiving medical treatment in an emergency and to my child being taken to hospital if necessary.						
Yes No If no please give reason						
USE OF PHOTOGRAPHIC EQUIPMENT						
Throughout the course period, The Pickaquoy Centre may take pictures and/or videos of your child participating in activities. These						
images will be used to promote junior courses programme and may be used on the Pickaquoy Centre's social media channels,						
website or printed materials. You can request photos of your child taken by the Pickaquoy Centre	at any tim	e and receiv	ve a hig	;h-		
res copy of the image or video for your own personal use. All images and videos will be stored in accordance with our Privacy Policy and only used by the Pickaquoy Centre.						
Do you consent to images and/or videos taken of your child for the purposes stated above? Yes No						
Declaration of Fact:						
I certify the details given above are accurate and if any details change, I will notify the centre.						
Signed: Date:						
Admin Use Only:						
Scuba Number Current Courses Attended						