

Project details:

These sessions are focused on providing fun and educational environmental activities for children and other residents living near to Rosebank Millennium Green. Staff and volunteers will lead sessions involving gardening, arts and crafts, games and maintenance work. All participants will be supervised at all time by Hyde Park Source Workers. Due to the nature of the activities children must be 5 years old + to be involved in the sessions.

- I agree to my child taking part in the project outlined above
- I agree to encourage my child to behave well during the sessions, I understand that whilst every care is taken by staff & volunteers, they can not be held responsible for any incidents arising out of the unreasonable behaviour, or the disobeying of written or verbal instructions, of the above named child or other children.
- I understand certain behaviour cannot be tolerated and may result in the sending home or exclusion of my child from the project.
- I understand if my child leaves the session I will be contacted. Children who leave sessions against the advice of Project Workers can no longer be considered the responsibility of Hyde Park Source Workers.
- I understand that if staff members are concerned about the well-being of my child, they are required by law to seek assistance from external agencies and report concerns.
- Young people will be met by Hyde Park Source Workers at

Rosebank Primary School, picked up from Hyde Park Source Office

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Please be mindful that it is your responsibility to ensure that your child is brought to and collected from the above agreed meeting place at the correct times. Hyde Park Source Workers are only responsible for the safety of the child(ren) within session times.

Parent/ Guardian Signature: _____

2 Rosebank Road, Leeds, West Yorkshire, LS3 1HH

T: 0113 2458863

Mob: 0772 633 8673

info@hydeparksource.org

Hyde Park Source is registered as Industrial Provident Society no: 28755R with exempt charitable status



PLEASE COMPLETE IN BLOCK CAPITALS

Child's Name: _____ Male/Female: _____

Date of Birth: _____ Age: _____

Address: _____

Postcode: _____

Home Tel: _____ Work Tel: _____

Mobile Tel: _____

Emergency Contact 1 (Name & No.):

Emergency Contact 2 (Name & No.):

Does your child have any learning disabilities you think we should be aware of: e.g. do they have a statement at school? (Please circle) **Y / N**

Please provide details:

Does your child have any illnesses or allergies; asthma or are they taking medication?

Please provide details:

We have First Aid trained staff at our sessions and if any injuries occur we will attempt to contact you in an emergency.

I agree to my child receiving emergency first aid or medical treatment as considered necessary by the medical authorities. (Please circle) **Y / N**

Photos/videos may be taken by Hyde Park Source Workers for displays, publicity, monitoring or for our funders. Do you consent to photos or video being taken of your child for these reasons? (Please circle) **Y / N**

SIGNATURE: _____

NAME

(please print): _____

DATE: _____

RELATIONSHIP TO CHILD: _____