

**Acacia Adventure Playground**  
**Registration Form**  
To be completed by Parent / Legal guardian



**Child One** Name  Age in yrs.

Date of Birth  Male/ Female  Can your child to participate in face painting?  Yes/ No

Is your child disabled or do they have an Impairment?  Yes/ No  Does your child have a known medical Condition or allergy?  Yes/ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Two** Name  Age in yrs.

Date of Birth  Male/ Female  Can your child to participate in face painting?  Yes/ No

Is your child disabled or do they have an Impairment?  Yes/ No  Does your child have a known medical Condition or allergy?  Yes/ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Three** Name  Age in yrs.

Date of Birth  Male/ Female  Can your child to participate in face painting?  Yes/ No

Is your child disabled or do they have an Impairment?  Yes/ No  Does your child have a known medical Condition or allergy?  Yes/ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Four** Name  Age in yrs.

Date of Birth  Male/ Female  Can your child to participate in face painting?  Yes/ No

Is your child disabled or do they have an Impairment?  Yes/ No  Does your child have a known medical Condition or allergy?  Yes/ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/  
Legal Guardian Name

Address

Home Tel No.  Mobile

Emergency Contact Name (Different from above)  Landline Phone No.

Relationship to child (e.g. Friend, Relative)  Mobile Phone No.

**IMPORTANT**

Any other information you would like to disclose to staff (Please include dietary requirements and any cultural needs?)

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The Adventure Playground is 'Open Access'. This means that children are free to come and go as they please, without restriction. If you are unsure of the meaning of 'Open Access' please discuss it with a member of staff. Please indicate if you understand and accept the 'Open Access' principle.  
Children are expected to follow any safety instructions given by a member of staff.  
*If you cannot tick this box your child will be unable to attend the service.* Yes

Are you willing for you children to be videoed / photographed?  Yes  No  
These may be used for evaluation / news items / publicity / Facebook.

**Data Protection Act 1998**

The information you provide will be treated confidentially. We will not disclose personal information to anyone not directly involved in providing the service except where necessary to deal with an emergency involving the child/ren's welfare or where we are required to do so by law.

You have the right to see the information you have provided and correct any inaccuracies.

**Child Protection Statement**

Please note that the Play Staff are required by law to report any suspicious/ concerns regarding a child/ren's welfare to social services or the Police Child Protection team.

**Declaration of Consent**

In the event of my child/ren being taken ill or injured during the play session, to the extent that any medical and or surgical procedures or a serum injection become necessary, I authorise Acacia Adventure Playground staff to sign, on my behalf, any written form of consent to medical attention required by the hospital authorities, provided the delay required to obtain my own signature might be, in the opinion of the doctor or surgeon concerned, likely to endanger my children's health or safety. In its provision of facilities and supervision Acacia Adventure Playground takes care to avoid unnecessary danger. There is always an element of risk involved in adventure play. You should not sign this form or allow your child to use the playground if you are not prepared to accept that risk.

I consent to my child/ren attending Acacia Adventure Playground. I have supplied all the necessary information to ensure the health and safety of my child/ren.

Signature (Parent / Legal Guardian) ..... Date .....

Please Print Name .....

Staff Signature ..... Date .....



# Acacia Adventure Playground

## Equalities monitoring form

Thank you for taking time to complete this form.

Merton Borough Council is responsible for ensuring all of the services we provide on behalf of the local population are provided equally, regardless of age, ethnicity, disability or gender. To make sure this happens we need to monitor take up and use of services.

The information you give will be kept confidential and will be used only to enable the council to monitor service delivery. The information you give us will be separated from your child/ren's registration details and will therefore be anonymous.

### CHILD ONE

Childs Age \_\_\_\_\_ Female  Male

#### Ethnicity

Are you:

##### Asian

- Pakistani
- Indian
- Bangladeshi
- Chinese

Other Asian background (specify below if you wish) \_\_\_\_\_

##### Black

- Caribbean
- African
- Other Black background (specify below if you wish) \_\_\_\_\_

##### Mixed dual heritage

- White and Asian
- White and Black African
- White and Black Caribbean
- Other Mixed background (specify below if you wish) \_\_\_\_\_

##### White

- British
- English
- Irish
- Scottish
- Welsh
- Other White background (specify below if you wish) \_\_\_\_\_

#### Disability

Do you consider your child to be a disabled person?

- No
- Yes

#### Religion or Belief

Which group below do you most identify with?

- Hindu
- Muslim
- Christian
- Sikh
- Jewish

Any other religion or belief (specify below if you wish) \_\_\_\_\_

### CHILD TWO

Childs Age \_\_\_\_\_ Female  Male

#### Ethnicity

Are you:

##### Asian

- Pakistani
- Indian
- Bangladeshi
- Chinese

Other Asian background (specify below if you wish) \_\_\_\_\_

##### Black

- Caribbean
- African
- Other Black background (specify below if you wish) \_\_\_\_\_

##### Mixed dual heritage

- White and Asian
- White and Black African
- White and Black Caribbean
- Other Mixed background (specify below if you wish) \_\_\_\_\_

##### White

- British
- English
- Irish
- Scottish
- Welsh
- Other White background (specify below if you wish) \_\_\_\_\_

#### Disability

Do you consider your child to be a disabled person?

- No
- Yes

#### Religion or Belief

Which group below do you most identify with?

- Hindu
- Muslim
- Christian
- Sikh
- Jewish

Any other religion or belief (specify below if you wish) \_\_\_\_\_

### CHILD THREE

Childs Age \_\_\_\_\_ Female  Male

#### Ethnicity

Are you:

##### Asian

- Pakistani
- Indian
- Bangladeshi
- Chinese

Other Asian background  
(specify below if you wish)

\_\_\_\_\_

##### Black

- Caribbean
  - African
  - Other Black background  
(specify below if you wish)
- \_\_\_\_\_

##### Mixed dual heritage

- White and Asian
- White and Black African
- White and Black  
Caribbean

Other Mixed background  
(specify below if you wish)

\_\_\_\_\_

##### White

- British
- English
- Irish
- Scottish
- Welsh

Other White background  
(specify below if you wish)

\_\_\_\_\_

#### Disability

Do you consider your child to be a disabled person?

- No  Yes

#### Religion or Belief

Which group below do you most identify with?

- Hindu  Muslim
- Christian  Sikh
- Jewish

Any other religion or belief (specify below if you wish)

\_\_\_\_\_

### CHILD FOUR

Childs Age \_\_\_\_\_ Female  Male

#### Ethnicity

Are you:

##### Asian

- Pakistani
- Indian
- Bangladeshi
- Chinese

Other Asian background  
(specify below if you wish)

\_\_\_\_\_

##### Black

- Caribbean
  - African
  - Other Black background  
(specify below if you wish)
- \_\_\_\_\_

##### Mixed dual heritage

- White and Asian
- White and Black African
- White and Black  
Caribbean

Other Mixed background  
(specify below if you wish)

\_\_\_\_\_

##### White

- British
- English
- Irish
- Scottish
- Welsh

Other White background  
(specify below if you wish)

\_\_\_\_\_

#### Disability

Do you consider your child to be a disabled person?

- No  Yes

#### Religion or Belief

Which group below do you most identify with?

- Hindu  Muslim
- Christian  Sikh
- Jewish

Any other religion or belief (specify below if you wish)

\_\_\_\_\_

#### Data Protection Notice

The Council will use the information provided on this form for the form's stated purpose. No personal information you have given us will be passed on to third parties for commercial purposes. The Council's policy is that all information will be shared among officers across departments and other agencies where the legal framework allows it, if this will help to improve the service you receive and to develop other services. Please tick this box if you do not consent to the council processing your information in this way, where it considers it to be appropriate.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.