

Across the Board Surf Club Children and Young People Sessions



Booking & Consent Form 2016

Member Information

Please complete one form per child / young person including siblings

Name of child/young person:

Date of Birth:

Age:

If under 8 please ensure you read and understand our rules for under 8's

Diagnosis:

ASD/
ASC

Aspergers

Autism

Atypical
Autism/PD
DNOS

Awaiting
Assessment

Sibling

Other

Address

Postcode

Parent/Guardian Information

Name/s:

Mobile Number:

(We will contact you on this number in the event a session is cancelled at short notice.)

Email address:

(we will confirm your places using this address): please write clearly

Accept difference. Not indifference.

Consent and Important Information



I give my consent for the above named to take part in surfing as part of the NAS IOW Across the Board Surf Club. I understand I am responsible AT ALL TIMES for their safety and well-being throughout the session, and will be in attendance throughout. I have read the Information Sheet and understand parent involvement is essential. **Surfers cannot be left without parent/carer supervision.**

I have read and understood ALL of the Parent Information Sheet, Code of Conduct and agree to work with surf club, its volunteers, instructors and the branch according to the rules and guidelines.

I understand that all the volunteers give up their time to help and support the best they can – they do not necessarily have a wealth of experience or knowledge in Autism; but they do have huge amounts of enthusiasm, commitment and dedication. They want to support my child the very best they can, so I will give advice/tips or pointers if necessary. I understand all volunteers strictly adhere to the National Autistic Society's 'Safeguarding' Policy which will be available for reading at the Sign Up Session and at all Surf Sessions. This policy is there to protect children, parents and our volunteers.

I have completed the photo permission form

I will notify the Surf Instructor of any additional medical conditions prior to entering the water.

My child is under 8 and I understand that a parent/guardian must enter the water with them for them to take part in the surfing session.

I have made payment for my sessions and understand the refund policy.

Signature of Parent/Guardian

Date

Print name

Please tick sessions that you wish to book			
Dates	Junior – 10 – 11 am £5 per child	Specialist 11.30 – 12.30 £5 per child	Senior 1pm – 2pm £5 per child
Saturday 18 June			
Sunday 26 June			
Saturday 9 July			
Saturday 23 July			
Saturday 6 August			
Saturday 20 August			
If your payment is included with another form please tell us which one			Total Payment method Cash / Cheque
Names of other siblings or friends you would like this booking linked to – (we will aim to ensure you are placed in the same group),			
Please note – We occasionally move people between groups to ensure that everyone can access our sessions and make best use of the spaces we have. We will try to accommodate people in your first choice of session, but will contact you to confirm your group and session dates. Demand for sessions and high, and postal applications may need to be placed on a waiting list.			

This form and your payment can be handed in at one of our 'Surfs Up' Sign Up Sessions as follows;

<p>Surf's Up Sign Up Days</p> <p>Sunday 15 May 2016 1.30 pm – 3 pm</p> <p>Newport Congregational Church 98 Pyle Street, Newport, PO30 1UH</p> <p>Or;</p> <p>Monday 16 May 2016 5.15 – 6 pm</p> <p>Main Gym Hall, Medina Leisure Centre, Newport (during our Trampoline Club session)</p> <p>Payment must be taken at the time of sign up.</p>	<p><i>If you are unable to attend in person we do have a limited number of places available via postal application. Postal application will not open until after the sign up days are completed.</i></p> <p>NAS Surf Club, c/o Claire Collins 24 St Saviour Road Totland Bay, Isle of Wight PO39 0EZ</p> <p>Send your completed form with a cheque for the full amount (cheques should be made payable to 'NAS IOW') Forms received without payment will be returned and places will not be booked.</p>
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Photo permission form

The National Autistic Society works to make the world a better place for people affected by autism (including Asperger syndrome). One of the ways we do this is by showing the world what it is like to live with autism and what we are doing to support people affected by autism.

Our message is more powerful if we use images of people with autism, their families and carers, and our own staff and supporters. Please fill in this form to give us permission to use photographs of you to get our message across. We are grateful to you for the contribution you are making to our work.

Name of person in photograph/s

Age of person in photograph/s..... Date of photograph/s...Summer season 2016

Location of photograph/s.....Across the Board surf club

I give my permission for my image to be used by The National Autistic Society. If I am a parent/carer giving consent on behalf of a child, my permission will only last until the child turns 18. I understand that I have no copyright or ownership of the photograph/s.

Please select **one** of the following two options to tell us how you would like images of you to be used.

Allow all uses by the NAS and other people (eg newspapers)

- Your image may be used in any print, online or electronic publication produced by the NAS or its associated companies and charities, Autism UK, Research Autism and the Autism Education Trust. This may include marketing and fundraising publications.
- Your image may be supplied to **other people** so that they can publish them in print, online or electronic form to highlight issues related to autism and to promote the NAS. For example, your image might appear in a newspaper, website or Government report.

No use by people other than the NAS (eg newspapers)

- Your image will only appear in print, online and electronic publications produced by the NAS or its associated companies and charities, Autism UK, Research Autism and the Autism Education Trust. This may include marketing and fundraising publications.

Signature of person giving consent:

I am giving consent for:

myself **a child or person in my care**

Tel:..... Date:.....

Registered as a charity no. 269425



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