

**KELSTON CLUB & STUDY CENTRE**  
159 Nightingale Lane, Wandsworth, London SW12 8NQ  
Tel. 020 8673 2242

**CONFIDENTIAL PARENTAL CONSENT FORM**

TO COVER ALL OFF-SITE ACTIVITIES FOR THE YEAR: \_\_\_\_\_ to \_\_\_\_\_

OR FOR ALL TRIPS WHILE AT KELSTON: \_\_\_\_\_ (please tick)

TODAY'S DATE:

**NAME OF MEMBER:**

**DATE OF BIRTH :**

I agree to (name)..... taking part in Kelston off-site activities as specified above. I agree to him participating in any or all of the activities proposed.

I have ensured that my child understands that it is most important for his safety and the safety of the group that rules and instructions given by staff in charge are obeyed.

I understand that while the leaders in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by the child which may occur as a result of the activity.

**I do/do not confirm that my child is able to swim and consequently can/cannot participate in activities involving water.**

**CONTACT INFORMATION**

Home Address where parent/guardian can be contacted:

Telephone:

Other EMERGENCY telephone:

Name:

Relationship:

**I consent/do not consent to photographs of the above being used in Kelston literature or websites, on the understanding that they will not be accompanied by any personal details which may identify the child.**

Signature: \_\_\_\_\_ (parent/guardian)

**PLEASE NOTE** In accordance with the Data Protection Act 1998, Kelston only keeps member details for health and safety needs while with us, and for maintaining records of membership and support for the club. This information will be used solely for these purposes.