



## **RE: CADS HOLIDAY PROGRAMME**

Dear Parent / Carer

Welcome to the February Half Term CADS (Children's Able & Disabled Sports) programme. CADS is a fun and inclusive holiday programme for young people with additional needs or a disability (8-25yrs) and non-disabled children and young people (8-21yrs).

Please find enclosed in this programme pack;

- Mahdlo Membership Form
- CADS Activity Programme
- Consent Form

### **BOOKING IS REQUIRED**

To book your young person onto the CADS programme, please complete the Mahdlo Membership form and CADS consent form enclosed in this letter and return to Mahdlo Youth Zone ASAP.

### **PRE-PAYMENT**

Your place on the CADS programme will only be confirmed through pre-payment. The cost of the programme is £5 per day. You can pay an extra £2 for a packed lunch (optional) provided by Mahdlo.

Please pay in cash at reception. If you wish to pay online, please get in touch for more details.

### **KIT**

- A packed lunch (unless you are paying for a Mahdlo packed lunch)
- Comfortable sportswear
- Swimming kit for swimming
- Spare clothing
- Money for tuck shop

For more details or to discuss any concerns please feel free to contact via email or telephone.

### **Amy Taylor**

Ability Coordinator

0161 624 0111 / 07525 101500

[amy.taylor@mahdloyz.org](mailto:amy.taylor@mahdloyz.org)

# MAHDOUJAHAM

## CADS Activity Programme: October 2015

The CADS activity programme includes a wide range of activities that are adapted for all abilities.




**If 1:1 support is required**, please let us know on your consent form. Please note there is limited availability and places will be given on a first come first serve basis. Terms and conditions apply.

Young people are also welcome to bring a friend or sibling to the CADS holiday programme. Usual entry charges apply (£5 per person).


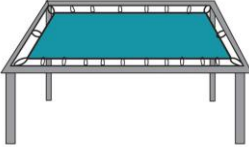
### Daily Time Table

10am	ARRIVAL
10.30am	Activity 1
12.00pm	LUNCH
12.30pm	Activity 3
1.15pm	Activity 4
2.00pm	BREAK
2.15pm	Activity 5
3.00pm	HOME TIME

### Tuesday

<p><b>Swimming</b></p> 	<p><b>Judo</b></p> 	<p><b>Cooking</b></p> 
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### Wednesday

<p><b>Art Attack: Sculpture Making</b></p> 	<p><b>Trampoline and Rebound Therapy</b></p> 
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Please contact Amy for more details if necessary.



## Consent & Booking Form

Please complete this form to book your young person onto the CADS holiday programme and return to Mahdlo by Tuesday 20<sup>th</sup> October 2015.

I wish for my child to attend the CADS programme on the following date/s:

16<sup>th</sup> February

17<sup>th</sup> February

I would like a packed lunch provided by Mahdlo (additional £2 cost)

Please choose your packed lunch sandwich filling: (all meat is halal)

Chicken Tikka	<input type="checkbox"/>
Egg Mayo	<input type="checkbox"/>
Cheese	<input type="checkbox"/>
Ham	<input type="checkbox"/>
Tuna	<input type="checkbox"/>

PERSONAL INFORMATION	
Participants name:	Date of Birth
EMERGENCY CONTACT DETAILS	
Contact details for parent / guardian (or next of kin if participant is over 18)	
Name:	
Mobile number:	Home number:
Home address:	Post Code:

### MEDICAL INFORMATION

**Does the young person have an additional need or disability? Yes / No**

If **yes**, please give details

**Any conditions requiring medical treatment and or medication** (e.g. Asthma, Hay fever, epilepsy, diabetes etc.). **Yes / No**

If **yes**, please give brief details

**Can any medication required be self-administered? Yes / No**

*(If medication cannot be self-administered, or if there are any other concerns about the participant's medical condition, you will be contacted by the organiser to discuss in more detail how their participation will be managed and a separate letter will be sent to you to sign).*

## Medication Administration

<i>Medication Name</i>	<i>Dose</i>	<i>Frequency</i>	<i>Time(s) to be Administered</i>	<i>Who should administer medication?</i>

I \_\_\_\_\_ (parent / guardian name) give permission for \_\_\_\_\_ / Mahdlo lead staff member to administer the above medication accordingly.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Please outline any special dietary requirements or food allergies:

I would like to have the hot lunch option for my child (£2 additional cost) **Yes/No**

**To the best of your knowledge, has the participant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious** **Yes / No**

If **yes**, please give brief details

When did the participant last have a tetanus injection?



## ALL ABOUT YOU

Are there any activities which the participant may not take part in?

Please provide additional information you consider helpful or important:

Likes

Dislikes

Triggers

What is important to me?

What is important for me?

## CONSENT

I would like to be contacted about any future CADS programme in the event of my child not participating in this CADS programme. **Yes/No**

### Declarations by parent/guardian (or the participant if over 18)

#### Photo / Video Consent

During the Project, staff may take photographs to display at the centre, or to be put up on the centre web site so that they can be viewed as part of the follow-up after the event. Photographs may also be used for publicity purposes.

If you do not wish your child to be photographed on this occasion, or you do not want a photograph of your child to be used for any of the above purposes, please tick this box.

All young people participating in this program will be required to comply with the code of conduct that Mahdlo has in place. For more information please contact Marya Afsar on 0161 624 0111.

I agree for \_\_\_\_\_ (young person's name) to take part in activities provided by the CADS holiday programme and I have read the information.

I confirm that \_\_\_\_\_ (young person's name) is not participating contrary to medical advice.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*(or signature of participant if over 18 - please note that all of the declarations above still apply - you must accept)*