**Iprovefit Summer Holiday Club 2025 – Young Person’s Pen Profile**

**Location:** Iprovefit HQ, Unit 32a, Ganton Way, Kembrey Park, SN2 8ES
**Age Group:** 8–13 years old
**Date of Completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_
* **Age:** \_\_\_\_\_\_\_
* **Parent/Carer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Details**

* **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Year Group:** \_\_\_\_\_\_\_
* **Attendance:** \_\_\_\_\_\_\_%
* **Main Contact at School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Preferred Attendance (Tick all that apply): 9-3pm**

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday

Any extra sessions required before or after this time, please request?

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**Health, SEND & Medical Info**

* Any medical conditions or allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any SEN or specific needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medications required during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are they bringing medication with them? Y/N

**Emergency Contacts**

* **Contact 1 Name & Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact 2 Name & Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **All About Me (to be completed with young person)**

* What makes you happy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are you good at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What do you find tricky or challenging? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What would you like to achieve at the club? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you know anything that can upset or stress you? \_\_\_\_\_\_\_\_\_\_\_\_\_
* What do you enjoy most at school or at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent Statement**

**By signing below, I give permission for my child to:**

* Be photographed or recorded (photo/video) during activities for use in Iprovefit’s promotional materials, newsletters, and social media. No names will be used without further consent
* Walk off-site under staff supervision for local activities, park visits, or enrichment sessions within walking distance of Iprovefit HQ
* Receive first aid treatment if needed, and where necessary, for staff to administer any prescribed medication provided by me with clear written instructions
* Be supported in line with any SEND, behavioural, or emotional needs as outlined in their registration form.

**I understand that all activities are risk assessed and that Iprovefit staff will take all reasonable steps to ensure the safety and well-being of my child during their time at the Summer Holiday Club.**

**Parent/Carer Consent (tick to confirm):**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Name (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed profiles to: **Referrals@iprovefit.com**

For any urgent enquiries, contact us on 07385 380949 or info@iprovefit.com