



Does your child suffer from any illness, allergies or any other condition that may affect their participation?

Yes  No

If Yes please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have a disability?

Yes  No

If Yes please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If there is any other information that you think our leaders need to know about your child please state below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Photography – I give permission for my child to have their photograph taken whilst at Play in the Parks that may be used by Leisure Connection or St Albans District Council in future promotional material.

Signed: \_\_\_\_\_

Please provide your name and email address if you would like to be added to the Sport Development Team's database to be notified of all future projects.

Name: \_\_\_\_\_

Email: \_\_\_\_\_



# Play in the Parks

October Half Term



Sessions will only be cancelled if surfaces become unsuitable for Health and Safety reasons. Decision on this matter is made before each session by the scheme supervisor.

To check if a session is going ahead please call the Sport Development Team.

For more details please call the Sport Development Team:

**Phone** 01727 827667

**Email** [splash.sports@leisureconnection.co.uk](mailto:splash.sports@leisureconnection.co.uk)

**Address**  
 London Colney  
 Recreation Centre  
 Perham Way  
 London Colney  
 Hert's  
 AL2 1LB

**This October Half Term Play in the Parks is at a park near you!**

**Delivered by the same team that brings you Sports in the Parks.**

It's completely FREE! No need to book... Just turn up!

Sessions aimed at children aged 5 – 12 years. Children under the age of 5 can take part in the session but must be accompanied by an adult at all times.



[www.stalbans.gov.uk](http://www.stalbans.gov.uk)



Provided by St Albans City and District Council. Managed in partnership with Leisure Connection.



Provided by St Albans City and District Council. Managed in partnership with Leisure Connection.

[www.stalbans.gov.uk](http://www.stalbans.gov.uk)





Play is integral to children's enjoyment where they can develop their abilities and explore their creativity. Join the team in one of our ten sessions across ten parks and open spaces within the City and District of St Albans. The sessions provide children with the opportunity to experience play within a safe and stimulating environment!

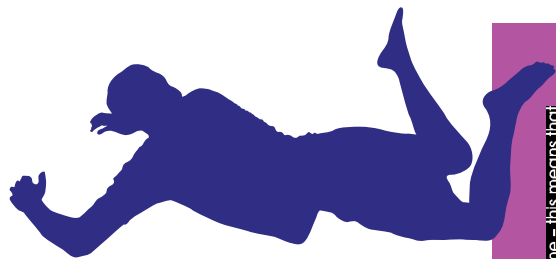
**Daily Sessions:**  
10.00 – 12.00  
13.30 – 15.30

**MONDAY**

26th October  
Marshalswick at Sherwood Avenue Recreation Ground  
Batchwood at Oysterfields Open Space

**TUESDAY**

27th October  
Cunningham at Cunningham Hill Open Space  
Batford at Porters Hill Open Space



**IMPORTANT!**

Play in the Parks is an Open Access Playscheme - this means that our leaders can only take responsibility for the children whilst they participate in the organised activities; the activities will be delivered by experienced Play Leaders, each vetted by the Criminal Records Bureau. We advise parents/guardians to stay for the duration of the session as youngsters are free to leave at any time.

Whilst we are happy for under 5s to join in with the organised activities please be aware that their parents/guardians are responsible for them at all times.

**WEDNESDAY**

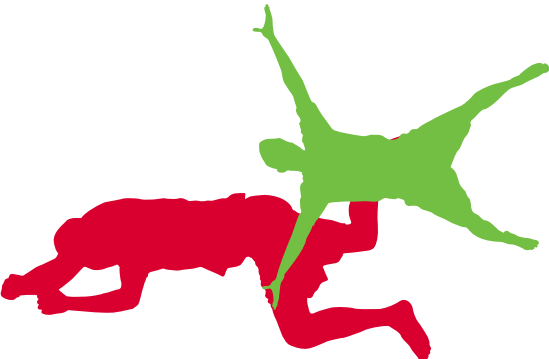
28th October  
Wheatthorpe at Marford Road  
Sopwell at the Marlborough Club

**THURSDAY**

29th October  
Clarence Park by the Band Stand  
Colney Heath at Roestock Park

**FRIDAY**

30th October  
Rothamsted Park by the Gardens  
Park Street at the Recreation Ground



**PLAY IN THE PARKS 2009 REGISTRATION FORM**

Please complete the form and send back to the Sport Development Team who will then store the form ready for the holiday period.

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post code: \_\_\_\_\_  
 Emergency Contact Number: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Child's Age: (please note if under 5 you will need to stay with them at all times) \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_  
 Doctor's Number: \_\_\_\_\_

