

Holiday Club **BOOKING FORM** October 2018

Bushey Grove Leisure Centre

To be completed by Parent/ Carer. Please Note: One booking form must be completed per address

Child's Name (1) <input style="width: 100%;" type="text"/>	L.C./ Student No <input style="width: 100%;" type="text"/>	DOB / Age <input style="width: 100%;" type="text"/>
School child attends <input style="width: 100%;" type="text"/>	Favourite Lesson <input style="width: 100%;" type="text"/>	
Child's Name (2) <input style="width: 100%;" type="text"/>	L.C./ Student No <input style="width: 100%;" type="text"/>	DOB / Age <input style="width: 100%;" type="text"/>
School child attends <input style="width: 100%;" type="text"/>	Favourite Lesson <input style="width: 100%;" type="text"/>	
Child's Name (3) <input style="width: 100%;" type="text"/>	L.C./ Student No <input style="width: 100%;" type="text"/>	DOB / Age <input style="width: 100%;" type="text"/>
School child attends <input style="width: 100%;" type="text"/>	Favourite Lesson <input style="width: 100%;" type="text"/>	
Religion followed <input style="width: 100%;" type="text"/>		Language spoken at home <input style="width: 100%;" type="text"/>
Address: <input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		Postcode: <input style="width: 100%;" type="text"/>
Home Number <input style="width: 100%;" type="text"/>	Work Number <input style="width: 100%;" type="text"/>	
Emergency Contact Name 1 <input style="width: 100%;" type="text"/>	Emergency Contact Tel No. 1 <input style="width: 100%;" type="text"/>	
Emergency Contact Name 2 <input style="width: 100%;" type="text"/>	Emergency Contact Tel No. 2 <input style="width: 100%;" type="text"/>	
Name of Doctor <input style="width: 100%;" type="text"/>	Doctors Tel No. <input style="width: 100%;" type="text"/>	
Doctors Address <input style="width: 100%;" type="text"/>		

Does your child have any medical needs / conditions / need any medication and or have any special needs. If YES please list below. If NONE please state NONE.

Child (1)

In the event of an emergency I give permission for the staff to carry out emergency first aid or to seek emergency treatment.

Signature of Parent/Carer:

Child (2)

Child (3)

Please read and sign below: If you have any reservations regarding the holiday activities or any of the activities, please do not hesitate to discuss these with us before booking your child onto our scheme. It is vital that if your child has an allergic reaction to nuts, latex etc and has to use an epi pen that you also complete an epi pen log sheet. I agree for my child to swim and/or go on any of the free trips provided and understand that I will need to give extra permission for my child to go on any day trips provided. Please tick the relevant box.

I give full permission for my child to be photographed for marketing purposes.

I do not want my child photographed.

I have read and understood the booking terms and conditions (on separate sheet) and I am happy to enrol my child on to the Holiday Activities.

Signature of Parent/Carer: Date:

Please turn over...

