

# 'Multi-Sports Camp' Booking Form

## Child's Details:

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

Year Group: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Dates booking (please tick):

Tues 1<sup>st</sup> August 2017 (Broughton)

Wed 2<sup>nd</sup> August 2017 (Broughton)

Thurs 3<sup>rd</sup> August 2017 (Broughton)

Thurs 31<sup>st</sup> August 2017 (St Peter St Pauls)

Fri 1<sup>st</sup> September 2017 (St Peter St Pauls)

## Medical details (continue on separate sheet if required):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION:

I agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I agree to my child taking part in the Camp and agree to impress upon him/her the necessity to behave responsibly and to help the Camp Organiser to ensure the safety of everyone on the Camp. I am aware that Clixby Active Pro Sports Ltd has a detailed policy on the safe running of Multi-Sports Camps. I am also aware that these Camps are always well organised with a particular attention paid to Health and Safety. I understand that there can be no absolute guarantee of safety, but appreciate that the Organiser of the Camp will do everything that is reasonably practicable to ensure the safety of everyone on the Camp. I understand the extent and limitation of the insurance cover provided and understand that should my child withdraw from the Camp at any time, I will still be liable for the full cost of the Camp.

## Parent/Guardian Contact Details:

Telephone Numbers: Mobile: \_\_\_\_\_ Work/Home: \_\_\_\_\_

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

## Alternative Emergency Contact:

Name & relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Parent/Guardian Signature:

\_\_\_\_\_

## Full Name (Capitals):

\_\_\_\_\_

## Date:

\_\_\_\_\_