

Booking Form - XS 2010

DATES REQUIRED _____

Child's Name _____

Age _____ Date of Birth _____

Gender: Boy Girl

Postcode _____ Home Address _____

Emergency Contact During Activity 1 _____

Relationship to Child _____

Telephone Number _____

Emergency Contact During Activity 2 _____

Relationship to Child _____

Telephone Number _____

Password _____ (For use on collection)

Does your child suffer from any of the following? (Please tick boxes)

Asthma Epilepsy Diabetes

Any other condition or allergies (Please state) _____

I give permission for my child to undertake in all adventurous activities, including archery, climbing and water sports and we both understand the **importance for the group's safety to comply with any instructions given by a member of staff.**

I acknowledge and understand that minor physical contact may be necessary as part of his/her coaching.

I consent to first aid treatment being given from a qualified practitioner/first aider to the child in question in the case of an accident.

Signature (Parent/Guardian) _____

Date _____

Photography/filming may take place during courses for publicity and promotional purposes. Please tick the box if you DO NOT want your child to be photographed or filmed.