

Booking Form For Activities Excluding SPLASH

Postal Bookings Close 9 July 2010

(After this date we will accept on-site bookings subject to availability)

Please refer to page 15 for guidance on how to complete this form

Where did you obtain this brochure?

OFFICE USE ONLY

- Is this an advance booking?
- Is this an on-site booking?
- Has benefit proof been shown?
- Has full payment been made?

PLEASE COMPLETE ONE FORM PER CHILD AND READ THE TERMS AND CONDITIONS ON PAGES 16 & 17 BEFORE COMPLETING THIS FORM

1 PARENT/GUARDIAN'S DETAILS	CHILD'S DETAILS
Name: Mr/Mrs/Miss/Ms <input type="text"/>	First Name: <input type="text"/>
Address 1: <input type="text"/>	Surname: <input type="text"/>
Address 2: <input type="text"/>	Male/Female: <input type="text"/>
Town: <input type="text"/>	Age: <input type="text"/>
Postcode: <input type="text"/>	Date of Birth: <input type="text"/>
Contact Tels: <input type="text"/>	School: <input type="text"/>
<input type="text"/>	
<input type="text"/>	
Email: <input type="text"/>	Ethnicity: White: <input type="checkbox"/> Mixed: <input type="checkbox"/> Black: <input type="checkbox"/>
Emergency Contact Name and Number: <input type="text"/>	Black British: <input type="checkbox"/> Chinese: <input type="checkbox"/> Asian: <input type="checkbox"/>
	Other: <input type="text"/>

2 CHILD'S MEDICAL DETAILS

Name of Doctor: Name of Practice:

Details of any medical conditions (including medication):

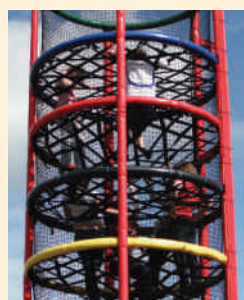
3 CHILD'S NEEDS/REQUIREMENTS

Does your child have any special needs? Yes No

Does your child need support? Yes No
(see page 16 Staffing & Supervision)

If yes, please provide details:

All users / participants are automatically added on to our mailing list. If you wish to have your details removed from this list please contact Leisure Services on 01932 425688.



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Continued

Please note daily places may be booked on-site subject to availability.

4 SCHEME AND HOURS REQUIRED PLEASE TICK

Playscheme 4½-7yrs Play Plus 8-11yrs Athletics 5-11yrs Multi-sports Day 4½-11yrs
Standard Hours 8.30am - 3.30pm Extended Hours* 08.30 - 17.00 *(Addlestone / Egham only).

5 VENUE REQUIRED (IF PLAYScheme OR PLAY PLUS) PLEASE TICK

Addlestone Chertsey Ottershaw Egham

6 WEEKS REQUIRED PLEASE TICK

Play Week 1 (02/08/10 - 06/08/10) Play Week 2 (09/08/10 - 13/08/10) Play Week 3 (Mon 16/08/10 - Thurs 19/08/10) Multi-sports Day (Fri 20/08/10)
Athletics Week 1 (09/08/10 - 13/08/10) Athletics Week 2 (23/08/10 - 27/08/10)
I require FREE transport for the Multi-sports day, excludes Addlestone venue (details will follow)

7 SAFETY & SECURITY: IMPORTANT – PLEASE FILL IN AND SIGN THE STATEMENT BELOW

MY CHILD WILL NOT BE ALLOWED TO LEAVE THE SITE UNTIL HE/SHE HAS BEEN COLLECTED BY ONE OF THE FOLLOWING NAMED ADULTS (MIN AGE 18YRS).

Name	<input type="text"/>	Relationship to child	<input type="text"/>
Name	<input type="text"/>	Relationship to child	<input type="text"/>
Name	<input type="text"/>	Relationship to child	<input type="text"/>

For added security, the above named adult(s) will have to verify the password below before the staff will allow them to collect your child. The adult **MUST** remember this password so we recommend something suitable to the family. We also advise parents that their children should **NOT** know this password and that staff will not be able to accept the password if given by the child.

Password (Between 4 & 8 numbers and/or characters)

8 PROMOTION OF ACTIVITIES (PLEASE TICK IF YOU WISH TO OPT OUT)

Photography & Video: To help our schemes, official photographs and video footage maybe taken this summer for publicity purposes in future publications, on web pages and in the local press.

9 PARENT'S / GUARDIAN'S AGREEMENT

I have read and understand all the listed terms and conditions on pages 16 and 17. I know of no medical reason why the above named child should not participate in the on-site activities. • I give consent for the administration of basic first aid. • I give consent for my child to be taken to hospital in an emergency. • I give consent for the administration of any medical treatment (by medically trained staff only) in the event that I am unable to be contacted.

Signed (Parent/Guardian) Date

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Below this line will be shredded so your card details will not be kept on file.

10 PAYMENT DETAILS. PAYMENT METHODS INCLUDE CASH, CHEQUE, DEBIT OR CREDIT CARD (CASH MUST NOT BE SENT THROUGH POST).

PLEASE INCLUDE PAYMENT FOR TRIPS WITH THIS FORM :

Weekly Fees (See page 5):

Insurance Cover (See page 16):

Total Payment Due (cheques made payable to 'RBC')

Childcare Vouchers?
Amount:

(Playscheme / Play Plus only)
We will liaise with you to arrange voucher payment. Please refer to page 4

Opportunity Subsidy Fund Voucher amount:
(Please enclose voucher(s). More info on page 4)

To pay by credit / debit card please fill out the following details:

(Please note that all Credit card bookings will incur an additional fee of 1.65% per transaction, this does not effect Debit Card transactions)

Card Number:

Issue Number if relevant: Security Code:

Name of Card Holder:

Valid from: Expiry Date: