

SPLASH Booking Form

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?

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

OFFICE USE ONLY	
Is this an advance booking?	<input type="checkbox"/>
Is this an on-site booking?	<input type="checkbox"/>
Has benefit proof been shown?	<input type="checkbox"/>
Has full payment been made?	<input type="checkbox"/>
Is photo of child included?	<input type="checkbox"/>

Attach passport size photo
(COMPULSORY for SPLASH Members)

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"/>	
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: <input type="text"/>	Name of Practice: <input type="text"/>
Details of any medical conditions (including medication): <input type="text"/>	

3 CHILD'S NEEDS/REQUIREMENTS	
Does your child have any special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your child need support? Yes <input type="checkbox"/> No <input type="checkbox"/>
(see page 16 Staffing & Supervision)	
If yes, please provide details: <input type="text"/>	

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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4 WEEKS REQUIRED PLEASE TICK

SPLASH Week 1
(02/08/10 - 06/08/10)

SPLASH Week 2
(09/08/10 - 13/08/10)

SPLASH Week 3
(16/08/10 - 20/08/10)

5 TRANSPORTATION REQUIRED PLEASE TICK AS APPLICABLE

YES NO For Week: 1 2 3

WHICH STOP: New Haw Addlestone Ottershaw Chertsey Thorpe

6 OFF-SITE TRIPS REQUIRED (PLEASE TICK CHOSEN TRIPS)

	Week One 2 August - 6 August	Week Two 9 August - 13 August	Week Three 16 August - 20 August
Monday	-	Whipsnade Zoo £14 <input type="checkbox"/>	Chessington £10 <input type="checkbox"/>
Tuesday	Thorpe Park £10 <input type="checkbox"/>	Chessington £10 <input type="checkbox"/>	Westfield Shopping Centre £5 <input type="checkbox"/>
Wednesday	Brighton Beach and Pier £8 <input type="checkbox"/>	Paintball <input type="checkbox"/>	Swimming & Bowling £14 <input type="checkbox"/>
Thursday	Chessington £10 <input type="checkbox"/>	BBC Tour £7 <input type="checkbox"/>	Thorpe Park £10 <input type="checkbox"/>
Friday	Ice Skating and Snow Tubing £17 <input type="checkbox"/>	Thorpe Park £10 <input type="checkbox"/>	-

7 SAFETY & SECURITY: IMPORTANT – please tick box as applicable.

A) I DO allow my child to arrive and depart unsupervised at the beginning, lunchtime and end of the day.

(All participants must still notify a member of SPLASH staff before leaving).

OR

B) I DO NOT allow my child to arrive and depart at the beginning, lunchtime and end of the day until he/she has been collected from a SPLASH instructor by one of the named adult below:

NAME OF AUTHORISED ADULTS:

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. • I give consent for my child to leave the premises the way I have indicated on this page.

Signed (Parent/Guardian)

Date

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 8):

Bus Supplements

Off Site Trip Supplements (See page 11):

Insurance Cover (See page 16):

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

Childcare Vouchers?

Amount:

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:

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)