



## ACTIVE DISCOVER CAMPS – EASTER 2020 BOOKING FORM

Please complete the below form to confirm your booking for your child.

If your child has any known allergies or needs to have medication it is vital that we are informed below.

CONTACT INFORMATION	
Child's Name:	Date of birth:     /     /
Parent/Guardian Name:	
Address:	
Email:	Tel:

I would like to book a place for my child at the following dates:

Date	1 Day @£25	8.30–9am + £5	4–4.30pm + £5	Excursion Fee + £5	TOTAL
Mon 6 April					
Tue 7 April					
Wed 8 April					
Thur 9 April					
Tue 14 April					
Wed 15 April					
Thur 16 April					
Fri 17 April					
SUB TOTAL					
SIBLING DISCOUNT – 10% Main Sibling Booking Name:					-10%
TOTAL					

**PAYMENT:** Please select payment method:     Cash                      Cheque                      BACS

- Please make cheques payable to Stuart Brooks
- BACS Transfers to: Stuart N Brooks – Sort Code: 09-01-28 - Account no. 30877155  
Please use the following Payment Ref: ADC20 [Your child's name]

**Payments must be made by Friday 27<sup>th</sup> April 2020**

## IMPORTANT INFORMATION:

EMERGENCY CONTACT DETAILS	
CONTACT 1	
Name:	Tel:
Relationship to child:	
CONTACT 2	
Name:	Tel:
Relationship to child:	

<b>MEDICAL INFORMATION</b>		
Is your child taking any medication? If yes, please list and state condition being treated.		
Does this medication need to be administered by a member of our staff? YES / NO If yes, please detail when and how:		
<b>Does your child have/has had any of the following:</b>	<b>Y/N</b>	<b>Dates/Details</b>
Infectious/Contagious disease		
Skin infections/Disorders		
Recent injury		
Recent surgery		
Heart condition		
Thrombosis/embolism		
High/low blood pressure		
Neural problems		
Epilepsy		
Diabetes		
Open cuts/abrasions/bruising		
Undiagnosed lumps/bumps/swelling		
Allergies		
Asthma/bronchitis		

## CONSENT:

I confirm that the above information is correct to the best of my knowledge. If there is a change in my child's condition I will notify staff at the earliest opportunity.

I give permission for my child's photograph to be taken and used for marketing purposes ☐

I give permission for my child to attend the trips to external activities whilst accompanied by staff ☐

I give permission for my email address to be used to contact me with marketing information regarding Active Discovery Camps ☐

Parent Signature:

Date: