

Knights Gymnastics Easter Camp

Child's Name		Date of birth:		Age:
Address				
Postcode				
Home Tel No		Mobile Tel No		
Email Address (for future forms to be sent to):				
Emergency Contact Name				
Emergency Tel No				
Doctors Name		Doctors Tel No		
Ethnic Origin	Religion	1 st Language		
Allergies (plasters, nuts etc.), special medical needs, medications (e.g. Inhaler), other special needs:				
How did you hear about our Easter Camp?				
What school do you attend?				
Please state if there is anyone you do not wish your child to be collected by:				
Please tick sessions you require				

Dates in April 2018

	TUE 3rd April	WED 4 th April	TUE 10 th April	TUE 11 th April
10.00 – 14.00				

Payment summary	
Prices:	
£25 Per Day	
Total cost (Stamp when paid)	

GYMNAST PARENT/GUARDIAN CONSENT

I..... do / do not give permission for my child/dependant (named overleaf) to have administered any first aid, medical or dental treatment as required or as recommended by the attending medical person. I understand that other than minor first aid requirements, every effort will be made to contact me prior to any treatment being given.

I..... do / do not give permission for photographic images of my child/dependent (named overleaf) to be taken and used for promotional material, which may include web, point of sale, various media groups and literature by Stevenage Leisure Limited. We do not offer use of images to third party agents.

BOOKING CONDITIONS FOR THE GYMNASTICS EASTER CAMP

1. Payment of your fee is regarded as evidence of your acceptance of the terms and conditions.
2. Bookings are not transferable.
3. We reserve the right to amend the programme where this is found necessary.
4. The staff are not under any liability what so ever in respect of personal injury, sickness, loss or damage caused to scheme members.
5. Regulations made for the safety and comfort of play scheme members must be observed at all times.
6. The organisers reserve the right to amend prices where this is found necessary.
7. The organisers cannot accept any responsibility for unaccompanied children before or after the advertised times.
8. No refunds will be given unless a doctor's certificate can be produced as proof of illness.
9. If it is considered that any child's behaviour is incompatible with the safe enjoyment of an activity the organisers reserve the right to exclude any child from taking part in that activity. Under these conditions no refund will be given.
10. Children must have their fifth birthday before attending the camp

I have read, and accept, the terms and conditions of booking

Signed _____

Print Name _____ Date _____