

# ACTIV CAMPS BOOKING FORM 2012



## PART A: Details of the Person Booking

Your Name		Email	
Address		How did you hear about us?	
		Mobile	
Postcode	Home Tel	Work Tel	

Alternate emergency contact during camp	Name:	Contact Tel:
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## PART B: Details of Children

	Circle	Surname	Forename(s)	Date of Birth	School and Year Group
Child 1	M / F			__/__/__	Yr
Child 2	M / F			__/__/__	Yr
Child 3	M / F			__/__/__	Yr
	Your relationship	Swim ability*	Chosen Activ Venue	Days and dates you wish to book	
Child 1					
Child 2					
Child 3					

\*Swim ability: 1. can swim length of pool non-stop without aid; 2. can only swim width of pool non-stop; 3. uses buoyancy aid; 4. not confident in water; 5. non swimmer; 6. not to do swimming activities.

## PART C: Medical Details of Children

	Special Requirements (e.g. disabilities, allergies, asthma etc). Please continue on reverse if necessary.	Medication (include dosage and if Epipen used)	Any other details? (use reverse if required)
Child 1			
Child 2			
Child 3			

Your family Doctor's name and tel number (required by law)

Please tick if you agree to a member of staff administering first aid and seeking medical advice or treatment if necessary

## Please state details of adults, other than yourself, who you authorise can pick up your child from camp:

Name 1:	Mobile:
Name 2:	Mobile:

## PART D: Payment Details

WORKING OUT THE COST		DISCOUNTS AVAILABLE	BOOKING PROCESS
£	Number of days being booked x day rate per child. (Day rates are £35-£37, except 4 year olds. Check your venue page for details).	Weekly Rate = £10 discount 10 % discount for siblings 10% discount for 10 or more day passes in single booking. <b>Check website for latest offers.</b> Booking conditions apply on all discounts and promotions.	1. Please complete this form in full. 2. Send this form with cheque or call to give card details. 3. Await confirmation (sent to email given in Part A).
	State discounts appropriate to this booking. (Include promotional codes).		
£	<b>Total cost of booking</b>		

## PART E: Your Consent

By signing below you confirm that you are the parent or guardian of the child registered and have custody and control of him/her, you confirm that you have read and accept the Terms and Conditions of booking (available on request, or accessed via our website), and that you consent to your child's participation at the Activ Camps venue on the dates stated above. You also consent to Activ Camps staff administering sun cream and plasters to your child/ren when Activ Camps believe they are necessary (unless you have stated otherwise in the medical details box above).

Signed:	Date:
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POST TO: ACTIV CAMPS LTD, BOOKINGS, PO BOX 476, NEW MALDEN, KT3 9ED