

PIED PIPER 2010 BOOKING FORM

Parent Details:

Mr/Mrs/Miss/Ms/Dr First Name _____ Surname _____

Address _____

Postcode _____ E-Mail: _____

Contact No. Day: _____ Evening: _____

Emergency Name & No. _____

Children's Details:

List Details For Each Child	CHILD 1	CHILD 2
First Name		
Surname		
Boy / Girl	Boy / Girl	Boy / Girl
Date Of Birth		
Age on Camp		
Current School		
Doctor's Name		
Doctor's Surgery Telephone No.		
Your Child's Swimming Ability <small>1 = Non Swimmer 2 = Swims Less Than 15m 3 = Swims 15-25m 4 = Confident Swimmer</small>		
Has Your Child Any Known Medical Problems Or Allergies ? (If Yes please provide details)	Yes / No	Yes / No
Special Friend		

Booking Details:

Please Specify which camp e.g. Ardingly against each week booked

Easter <small>(*Please note 4 day week)</small>	6 th April - 9 th April*		
	12 th - 16 th April		
Summer	19 th - 23 rd July		
	26 th - 30 th July		
	2 nd - 6 th August		
	9 th - 13 th August		
	16 th - 20 th August		

Optional Extras Required

Extended Day State "AM" / "PM" or "Both"		
Baseball Cap @ £4.75 each (please state quantity)		
T-Shirt @ £7.50 each (please state quantity)		

INSURANCE Children will be automatically covered unless you delete "YES" here

YES

PIED PIPER 2010 BOOKING FORM (Cont'd)

Please state here (and on a separate sheet if required) any further information that you feel we should know.

- Any medical treatment administered to a child will be within the OFSTED guidelines.
- Any medical treatment administered to a child will be recorded in the Camp Incident Report book which the person collecting the child that evening will be asked to sign as acknowledgement of notification.

I consent to any emergency medical treatment necessary and authorise Pied Piper staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

I consent to suncream I have supplied being applied to my child's arms, legs, neck and face by a Pied Piper staff member.

I consent to my children receiving "Tuck" (sweets) prizes.

I enclose a deposit of £25.00 per child per week (payable to Pied Piper Activities Ltd.) and I am over 18 years of age and agree to the booking conditions.

Signed: _____

Date: _____

Please return Booking Form with Deposit Cheque to :

Pied Piper Activities Ltd
PO Box 2902
Brighton
BN1 8US

Upon receipt, confirmation of your booking and an information pack will be sent to you.

Balance for Easter is due 1st March 2010

Balance for Summer is due 1st July 2010



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www.piedpiperactivities.co.uk