

PIED PIPER 2012 BOOKING FORM

Parent Details:

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

Address _____

Postcode _____ E-Mail: _____

Contact No. Day/Mobile: _____ 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

Summer	23 rd - 27 th July		
	30 th July - 3 rd August		
	6 th - 10 th August		
	13 th - 17 th August		
	20 th - 24 th August	<i>Only Great Ballard & Lancing Prep</i>	<i>Only Great Ballard & Lancing Prep</i>

Optional Extras Required

Extended Day State "AM" / "PM" or "Both"		
Baseball Cap @ £4.75 each (please state quantity)		
T-Shirt @ £7.75 each (please state quantity)		

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

YES

Sibling Insurance Offer - Pay for one and Sibling(s) covered free of charge

PIED PIPER 2012 BOOKING FORM (Cont'd)

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

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- 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 Accident 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 bite/sting relief cream being administered as deemed necessary (Parent/Carer will be advised over the phone prior to doing so).

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 Summer Camps is due 1st June 2012



01273 504485

don@piedpiperactivities.co.uk

www.piedpiperactivities.co.uk