

Booking Form to be Completed for all Children Attending Workshops

Please complete and return with payment

Name of Parent/Guardian

Emergency contact number(s)

Address

Postcode

Tel

@Email

SMS

Full Name of Child	Activity	Date	DOB	Price

I enclose the appropriate fee of

Please state if your child suffers from any medical condition which staff should be aware of (specific health needs, disabilities, medication or allergies). **Staff will not administer medication of any kind.**

Doctor's surgery and contact number

Where did you pick up this leaflet

Are you on our mailing list Yes No

Would you like to be Yes No

From time to time we would like to take photographs (video of the sessions).

Please tick

Do you agree to these to be taken Yes No

To be used on the web? Yes No

Council Publications? Yes No

Other Publications? Yes No

Do you agree for your child's details to be kept on file? Yes No

TERMS AND CONDITIONS

- South Norfolk Council reserves the right to cancel a course or any part of one.
- Fees are payable on application and are not normally refundable. However, in the event of prolonged injury or illness, the Council may make a pro-rata refund on production of a doctor's certificate.
- South Norfolk Council reserves the right to refuse an application.
- All Course participants are expected to wear appropriate clothing for the activity, and to comply with the rules and regulations in force at the venue. (Only non-marking shoes may be worn in sports halls).
- All physical movement involves a risk of injury. South Norfolk Council and its staff cannot be held responsible for any accidental injury, or loss or damage to personal belongings.
- Confirmation of bookings can only be made upon receipt of completed booking form and remittance.
- Details are correct at the time of print but South Norfolk Council reserves the right to amend or change details as necessary.
- For any cancellations, notice must be received 48 hours before the day of activity.

I AGREE TO COMPLY WITH THE TERMS AND CONDITIONS (tick box)

In the event of an accident or emergency I understand the fully qualified first aider will attempt to contact me but if they cannot contact me immediately I give permission to seek emergency advice or treatments.

Signed _____ Parent/Carer _____

Dated _____