

## Stamford Sports Camp – Summer 2019 Booking Form

### Personal Details:

Please enter names of all children wishing to attend the camp:

|                   |         |        |         |        |
|-------------------|---------|--------|---------|--------|
| Full Name:        | School: | D.O.B: | Age:    | Group: |
| Full Name:        | School: | D.O.B  | Age:    | Group: |
| Full Name:        | School: | D.O.B  | Age:    | Group: |
| Full Address:     |         |        |         |        |
| Telephone (Home): |         |        | Mobile: |        |
| Email Address:    |         |        |         |        |

### Camp Booking: £195. (9am registration, 4pm finish)

|  |          |          |           |
|--|----------|----------|-----------|
| Please add above the age group for each child (child may be booked into 1 year above/below, subject to spaces) |          |          |           |
| Year 3&4   | Year 5&6 | Year 7&8 | Year 9&10 |

**I understand that I am booking on to the full five-day camp**

### Additional Extras:

| Please tick which additional extras you would like to book. |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| Activity  | 19.08.19 | 20.08.19 | 21.08.19 | 22.08.19 | 23.08.19 |
| Early-bird Club, 8-9am (£4 per day)                         |          |          |          |          |          |
| Late Pick-up Club, 4-5.30pm (£5 per day)                    |          |          |          |          |          |
| Scuba Diving, 4-5.30pm (£35 per day)                        |          |          |          |          |          |

Scuba diving will run Tuesday & Wednesday only.

### Emergency Contact Details

|       |                        |             |
|-------|------------------------|-------------|
| Name: | Relationship to child: | Contact no: |
| Name: | Relationship to child: | Contact no: |

**Medical Details:**

|  |            |   |
|--|------------|---|
| Please notify us if your child/children suffer from any medical conditions or allergies. |            |   |
| Childs Name:   | Condition: | Medication required: Y/N<br>If yes, please clearly label in a plastic container |
| Childs Name:   | Condition: |   |
| Doctors Name:  |            | Doctors Telephone:  |
| Doctors Surgery Full Address:  |            |   |

**Allergies and Dietary Requirements:**

|   |            |                      |
|---|------------|----------------------|
| Please let us know if your child/children have any dietary requirements |            |                      |
| Childs Name:  | Allergies: | Dietary Requirement: |
| Childs Name:  | Allergies: | Dietary Requirement: |
| Childs Name:  | Allergies: | Dietary Requirement: |

Please tick here if you wish for your child to bring their own food. (Please label container clearly).

Please tick here to confirm you have read the Stamford Sports Camp Terms and Conditions

Please tick here to confirm you read the Stamford Sports Camp Parent Guide

Please tick here if you **do not** wish to receive further information from SES including camp info

|                      |                               |
|----------------------|-------------------------------|
| Date of Application: | Signature:<br>Parent/Guardian |
|----------------------|-------------------------------|

|                         |            |
|-------------------------|------------|
| For Office Use Only:    |            |
| Booking taken By:       | Signature: |
| Scuba Number Allocated: | Date:      |
| Receipt Number:         |            |

Stamford Sports Camp – Bank Information

If paying by BACS, please pay into Barclays PLC:

Sort Code: 20-81-53 / Account Number 50827959