

Child's First Name(s): \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's School: \_\_\_\_\_

Adult's Home Address: \_\_\_\_\_

Adult's Postcode: \_\_\_\_\_ Adult's Contact Number: \_\_\_\_\_

Adult's Email (BLOCK CAPS) \_\_\_\_\_

**Early Start: 8.15am – 10.00am Sporting Land: 10.00am – 4.00pm Aftercare: 4.05 – 5.30pm**

	Thurs 21 <sup>st</sup> Dec	Fri 22 <sup>nd</sup> Dec	Wed 3 <sup>rd</sup> Jan	Thurs 4 <sup>th</sup> Jan	Fri 5 <sup>th</sup> Jan
		<b>Xmas Party</b>			
Early Start £3.60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Land £17.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aftercare £3.60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Payment Method:** Cash / Debit Card / Cheque / Child Care Voucher

**Emergency Contact Details**

Name/Relationship to child: \_\_\_\_\_ Name/Relationship to child: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please give brief details of any **medical conditions**, allergies, disability etc that may be important in the event of an emergency.

**Market Research** How did you hear about Sporting Land?

Internet search/ Schools' website:  Ian Robinson Sports Centre Reception:  Recommendation:

Present School:  Other (please state): \_\_\_\_\_

By signing this application form I agree that I have read, understood and will adhere to the existing, and to any updates of the full terms and conditions of booking (available upon request) for this programme and all future programmes attended. I also consent to 1<sup>st</sup> aid being carried out by a member of staff and photography being taken by a member of staff for marketing purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

