

SPORTING LAND APPLICATION FORM

May and June 2018



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: 8.00am – 9.45am Sporting Land: 10.00am – 4.00pm Aftercare: 4.05 – 6.00pm

<i>May/June 2018</i>	Tue 29 th	Wed 30 th	Thurs 31 st	Fri 1 st
Early Start £3.60	<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"/>
Aftercare £3.60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Method: (Please Circle) 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.

2018 Changes

- In line with new GDPR you must now opt in to receive promotional emails. Tick here to opt in
- To increase safety at Sporting Land, each Parent/Guardian will be allocated 3 fobs which must be presented to a member of staff on collection. We also require a password for each Family. Please list below up to 3 nominated individuals who may collect your child.

Name 1. _____

Name 3. _____

Name 2. _____

Password. _____

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 1st aid being carried out by a member of staff

Signature: _____

Print Name: _____

Date: _____