

SPORTS CAMP BOOKING FORM-

The easiest method of booking is on www.phys-kids.co.uk. If you would prefer to pay by cash or cheque, please fill in the form and send it to the address below (cheques payable to **PHYS-KIDS LTD**).

£20per day, Pay full price for one child, brothers and sisters are half price (t & Cs apply). Children must be 6yrs old to attend.

CHILDS NAME..... **D.O.B**..... **E MAIL**.....
ADDRESS.....
.....**POSTCODE**.....
HOME TEL. NO..... **SCHOOL ATTENDED**.....
MEDICALCONDITIONS.....
.....**MEDICATION REQUIRED**.....

CHILDCARE VOUCHER REFERENCE (IF APPLICABLE).....

IN CASE OF EMERGENCY, PLEASE CONTACT:
NAME..... **TEL.NO**.....

My child will be attending on the following dates (please tick):

MAY HALF TERM

MON Closed		TUE 29.05.18		WED 30.05.18		THU 31.05.18		FRI 01.06.18		ALL 4 DAYS	
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SUMMER HOLIDAY

MON 23/07/18	TUE 24/07/18	WED 25/07/18	THU 26/07/18	FRI 27/07/18		WHOLE WEEK	
MON 30/07/18	TUE 31/07/18	WED 01/08/18	THU 02/08/18	FRI 03/08/18		WHOLE WEEK	
MON 06/08/18	TUE 07/08/18	WED 08/08/18	THU 09/08/18	FRI 10/08/18		WHOLE WEEK	
MON 13/08/18	TUE 14/08/18	WED 15/08/18	THU 16/08/18	FRI 17/08/18		WHOLE WEEK	
MON 20/08/18	TUE 21/08/18	WED 22/08/18	THU 23/08/18	FRI 24/08/18		WHOLE WEEK	
Mon CLOSED	TUE 28/08/18	WED 29/08/18	THU 30/08/18	FRI 31/08/18		WHOLE WEEK	

I HAVE ENCLOSED A CHEQUE FOR £.....
 I WILL BE COLLECTING MY CHILD AT 4PM: **YES/NO**
 I GIVE PERMISSION FOR MY CHILD TO WALK HOME UNACCOMPANIED: **YES/NO**
 I HAVE PAID £4 EXTRA PER DAY AND I WILL BE COLLECTING MY CHILD BETWEEN 4 & 6PM **YES/NO**
 I GIVE CONSENT FOR MY CHILD TO GO SWIMMING (Tudor grange camp) **YES/NO (OVER 8YRS ONLY)**
 I UNDERSTAND THAT ANY SERIOUS VIOLATION OF PHYS-KIDS REGULATION THAT IS DEEMED TO BE DETRIMENTAL TO THE CAMP WILL RESULT IN MY CHILDS EXPULSION. BOOKINGS ARE NON REFUNDABLE AND NON TRANSFERABLE UNLESS A WRITTEN CANCELLATION REQUEST IS RECEIVED BY PHYS-KIDS BEFORE 5PM ON THE FRIDAY BEFORE THE COMENCEMENT OF THE CAMP.
 I AGREE TO PROVIDE MY CHILD WITH A PACKED LUNCH AND ENSURE THAT THEY ATTEND WEARING APPROPRIATE SPORTS WEAR.
 I CERTIFY THAT MY CHILD IS IN GOOD HEALTH AND CAN PARTICIPATE IN THE DAILY ACTIVITY OF A SPORTS CAMP. IN CASE OF EMERGENCY, I GRANT PERMISSION FOR MY CHILD TO BE GIVEN FIRST AID/OR TREATMENT AT A HOSPITAL
 BY COMPLETING THIS FORM I AGREE TO ADHERE TO THE TERMS AND CONDITIONS OF THE BOOKING. FULL TERMS AND CONDITIONS CAN BE FOUND ON www.phys-kids.co.uk

SIGNED (PARENT/GUARDIAN).....
 DATE.....

PLEASE SEND BOOKING FORMS AND CHEQUES TO:
3 MEREVALE RD, SOLIHULL B92 8LA