

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):

FEB HALF TERM

MON 18/02/19		TUE 19/02/19		WED 20/02/19		THU 21/02/19		FRI 22/02/19		WHOLE WEEK
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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 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**