

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**).

£18 per 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**.....
MEDICAL CONDITIONS.....
**MEDICATION REQUIRED**.....

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

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

PLEASE SELECT WHICH CAMP YOU WOULD LIKE YOUR CHILD TO ATTEND (please tick):

TUDOR GRANGE LEISURE CENTRE, SOLIHULL	<input type="checkbox"/>
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My child will be attending on the following dates (please tick):

OCTOBER HALF TERM

MON 23/10/17		TUE 24/10/17		WED 25/10/17		THU 26/10/17		FRI 27/10/17	
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CHRISTMAS HOLIDAY

MON CLOSED		TUE CLOSED		WED 20/12/17		THU 21/12/17		FRI 22/12/17	
MON CLOSED		TUE CLOSED		WED 27/12/17		THU 28/12/17		FRI 29/12/17	

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 COMMENCEMENT 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**