

Childs Name.

3rd - 6th April & 11th - 14th April 2023

HOLIDAY ACTIVITIES BOOKING FORM

	ALL DAY	MORNING	AFTERNOON	ALL WEEK
MONDAY	£22	£12	£12	£99
TUESDAY	£22	£12	£12	£99
WEDNESDAY	£22	£12	£12	£99
THURSDAY	£22	£12	£12	£99
FRIDAY	£22	£12	£12	£99

Please circle as appropriate

Cilitas Nairic	
Date of Birth:/	Age:
Address:	
Post Code:	
Emergency Contact:	
1) Name	Tel:
2) Name	Tel:
How did you hear about us?	
Please note that payment is required at the t	ime of booking to secure a space

MEDICAL

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Doctors Name:	
Surgery:	
Surgery Telephone:	
Please circle as approp	oriate:
problems, blood pressure 2) Has your child had rece 3) Currently being prescrib 4) Recently finished a count 5) Diabetes?Y/N 6) Asthma or breathing pre 7) Do you give permission 8) If there are any other re	oed medication? Y/N rse of medication? Y/N
Is your child disabled? Y (If yes, please tick which Visual Impairment Hearing Impairment	
GP before my children commence the courses. If my c approach a member of staff and update the centre on REMEMBER Please ensure your child brings appropriate clothing, s Coffee Pod. Lunch is not applicable to afternoon sessi demand/adverse weather conditions. Please be aware child's behaviour continue to be persistent we will be for the propriate answer: I hereby give pe	swimming kit, packed lunch and sun screen for each day. Refreshments are available at the ons. The centre reserves the right to cancel or change the activity programme due to lack o that unruly behaviour and/or bad language will not be tolerated at the centre. Should any
Sports Centre for marketing purposes Y/N	
you	arketing mailing list so that we can share our current offers, news and information with
We will never pass your details onto third parties. You contact you;	will be able to unsubscribe at any time. Please specify which methods can be used to
Email Mail SMS Social Media Te	elephone
Signed:	Date: