



Fun, Fitness & Freedom

**2010 HOLIDAY BOOKING FORM:
Please complete in BLOCK CAPITALS**

Child 1: Boy <input type="radio"/> Girl <input type="radio"/>		Child 2: Boy <input type="radio"/> Girl <input type="radio"/>	
Full Name:			
Date of Birth:			
School:			
School Year:			

Parent / Legal Guardian's & Emergency Contact Details			
Mum's Full Name:		Dad's Full Name:	
Guardian/Carer's Name:		Home Tel:	
Home Address:		Post Code:	
Mum's Contact - Work	Mobile:	eMail:	
Dad's Contact - Work	Mobile:	eMail:	
Emergency Contact Name:		Relationship to Child:	
Address:			
Home Tel:	Work Tel:	Mobile:	

Medical Information	
Name of Family Doctor:	Doctor's Tel:
Do your children suffer from any condition requiring emergency medical action? (i.e. asthma) If yes please indicate treatment needed.	
Do your children take daily medication due to a condition that may need to be administered during our club hours?	
Do your children suffer from any medical allergies or food allergies/intolerances?	
Is there anything else you feel our coaches/staff need to know regarding you children's health or behaviour?	

Child Safety & Welfare	
Do you give permission for.....	
Your children to walk or cycle to or from our clubs?	Yes <input type="radio"/> No <input type="radio"/>
Our staff to apply sun cream onto your children?	Yes <input type="radio"/> No <input type="radio"/>
Your children to be involved in photograph's/ video that may be used for our media coverage?	Yes <input type="radio"/> No <input type="radio"/>
Your child to watch 12 Classification programmes?	Yes <input type="radio"/> No <input type="radio"/>
Your child to watch PG classification programmes?	Yes <input type="radio"/> No <input type="radio"/>

Print Name:	Signed:	Date:
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2010 SUMMER BOOKING FORM:

Please select your child's attendance on our Multisport or Soccer Camp

Parent & Children's Details	
Child's Full Name:	
Date of Birth:	
Parent/ Guardian Name:	
Address:	
Home Tel:	

2010 Holiday Prices:

8.30 to 3.30 = £18.00 per child per day

8.30 to 5.30 = £25.00 per child per day

OCT HALF TERM 25 th – 29 th Oct				
Soccer Camp only				
Monday 25 th Oct	3.30	<input type="radio"/>	5.30	<input type="radio"/>
Tuesday 26 th Oct	3.30	<input type="radio"/>	5.30	<input type="radio"/>
Wednesday 27 th Oct	3.30	<input type="radio"/>	5.30	<input type="radio"/>
Thursday 28 th Oct	3.30	<input type="radio"/>	5.30	<input type="radio"/>
Friday 29 th Oct	3.30	<input type="radio"/>	5.30	<input type="radio"/>

CHRISTMAS HOLIDAYS 16 th – 31 st Dec		
Soccer Camp only <input type="radio"/>		
Thursday 16 th Dec	3.30	<input type="radio"/>
Friday 17 th Dec	3.30	<input type="radio"/>
Monday 20 th Dec	3.30	<input type="radio"/>
Tuesday 21 st Dec	3.30	<input type="radio"/>
Wednesday 22 nd Dec	3.30	<input type="radio"/>

CHRISTMAS HOLIDAYS 16 th – 31 st Dec		
Soccer Camp Only <input type="radio"/>		
Thursday 23 rd Dec	3.30	<input type="radio"/>
Friday 24 th Dec	3.30	<input type="radio"/>
Wednesday 29 th Dec	3.30	<input type="radio"/>
Thursday 30 th Dec	3.30	<input type="radio"/>
Friday 31 st Dec	3.30	<input type="radio"/>

Please note, we cannot guarantee or confirm your child's place until we have received payment in full. You will receive a SMS confirming we have received your booking form. A sales receipt and information guide will be emailed to you confirming your booking. Please return this form to the address below enclosing a cheque for the total booking cost. Please make your cheque payable to 'Culks'.

Declaration: I confirm the information I have provided is accurate and true. I agree that 'Culks' will not be responsible for any expense, consequential loss, legal liability loss or damage to any property or damage arising from matters, acts/and or defaults outside its control.

I understand that my booking is non-changeable and non-refundable from 21 days prior to your child's first booked day, under any circumstances including illness, accident or injury. I have read and accept the Terms and Condition set out by "Culks" (please see www.culks.com)

Print Name:	Signed:	Date:
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Office Use Only:

Date Received.....Total Cost £.....Payment Method.....Cheque No.....

