

Booking Form 2019

One form per family
Please complete BOTH pages

A Registration	Total £
Number of Children	
@	
Cost £32.50 per child (£37.50 if registration after 19.06.2019 - No applications accepted after 30.06.2019) £30.00 concessions (In receipt of benefits - proof required) £35.00 after 19.06.2019	

B Sports Workshop 1 to 3pm - Limited spaces available	Total £
Name of Child	
Cost £7.50 (Per Person)	
Select date (tick)	
Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/>	
6 August <input type="checkbox"/> 8 August <input type="checkbox"/>	

C Dance Workshop 1 to 3pm - Limited spaces available	Total £
Dance	
Cost £7.50 (Per Person)	
Select date (tick)	
Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/>	
6 August <input type="checkbox"/> 8 August <input type="checkbox"/>	

D Jump Giants	Total £
Monday 5 August	
Cost £16.00 (Per Person)	
£6.00 (Spectators)	
..... @ £16.00	
..... @ £6.00	
AN ONLINE WAIVER FORM MUST BE COMPLETED FOR ANYONE TAKING PART (HTTPS://WWW.ROLLERDIGITAL.COM/JUMPGIANTSLOUGHBOROUGH/WAIVERS/256#/) Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

E Ice Skating	Total £	
Wednesday 7 August		
Cost £12.50 (Per Person)		
£5.00 (Spectators)		
..... @ £12.50		
..... @ £5.00		
Name of Child Skaters	Name of Adult Skaters	Name of Spectators
.....
.....
.....

A+B+C+D+E = Total to Pay	Please make cheques payable to BOSCAPS	GRAND TOTAL £
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FOR OFFICE USE ONLY

Authorised/Checked by: Receipt No.:

Cash: Cheque: Cheque No. (if applicable):

Please use ONE form per family

1st Child Name

D.O.B. Age as at 05-08-19

T-Shirt Size (S, M, L, XL)

2nd Child Name

D.O.B. Age as at 05-08-19

T-Shirt Size (S, M, L, XL)

3rd Child Name

D.O.B. Age as at 05-08-19

T-Shirt Size (S, M, L, XL)

T-shirts will be available for size at registration evenings

Address

.....

.....

.....

Home Telephone Number

.....

Mobile

.....

Contact Name

.....

**EMERGENCY
TELEPHONE NUMBER
AND NAME**

(ESSENTIAL)

An adult must **always**
be available in case of
emergency.

My child will be collected by (name)

.....

Please give name

If these details change or if you have arranged for someone else to collect your child you must notify us in writing.

I agree to my child having photographs taken YES NO

I agree to my child walking home on their own YES NO

Medical Information (ESSENTIAL) - Please complete all details below

Name of Doctor **Telephone Number (ESSENTIAL)**

Address of Doctor

Name of Child **Medical Condition**

Name of Child **Medical Condition**

Name of Child **Medical Condition**

Parent / Guardian Consent

• I understand that whilst every care and attention will be given to my child, BOSCAPS cannot accept responsibility for personal loss / damage to personal property.

• I give my permission for my child/ children to participate in the playscheme and for any necessary first aid treatment to be given. **This includes any trips booked.**

Signature of Parent / Legal Guardian **Name (Print)** **Date**

Relationship to child

Does your Child need extra help? YES NO If 'YES' please complete the Form **Boscaps SEN Details**