

Child's Name:	First name		Surname		
	D.O.B: Day/Month/Year	Age:	Gender: M/F	Swimmer: Y/N	
Parent / Guardian's Name:					
Address:					
Post Code:					
Home Phone Number					
Mobile Phone Number					
Secondary Contact Number (please state who the person is)					
Email Address:					

Booking Dates:

Start date of week	End date of week	Mon	Tues	Weds	Thurs	Fri
Day/Month/Year	Day/Month/Year	Please tick	Please tick	Please tick	Please tick	Please tick
Day/Month/Year	Day/Month/Year	Please tick	Please tick	Please tick	Please tick	Please tick
Day/Month/Year	Day/Month/Year	Please tick	Please tick	Please tick	Please tick	Please tick
Day/Month/Year	Day/Month/Year	Please tick	Please tick	Please tick	Please tick	Please tick
Day/Month/Year	Day/Month/Year	Please tick	Please tick	Please tick	Please tick	Please tick
Day/Month/Year	Day/Month/Year	Please tick	Please tick	Please tick	Please tick	Please tick

Booking Conditions:

1. FULL PAYMENT required at the point of booking paid by cheque payable to "High Adventure OEC Ltd", must be included with the 'Booking Contract Form - Day Camp'.
2. Medical Information details must be completed on the reverse of this page (page 2 of 2).
3. If your booking is cancelled for ANY reason please note there will be NO REFUND.
4. Please bring packed lunch and refillable water bottle.
5. Your son / daughter will adhere to High Adventure's 'behaviour code of conduct'.

Details of any illness or disabilities:

(including asthma, diabetes, migraines, severe period pains, travel sickness etc)

Details of any allergies

Details of any medication currently being taken or likely to be needed:

(including dosage required & frequency of doses - note that any medication must be handed in to the member of staff in charge of Health & Safety)

Details of any recent contact with infectious or contagious diseases:

(it will be necessary to inform the member of staff in charge of Health & Safety of any further contact after this form has been handed in)

Date of last tetanus injection:

Emergency Permission:

I give permission for my child to receive emergency treatment from a doctor as considered necessary by the staff in charge of this visit & the medical authorities consulted.

I agree to my son / daughter / ward taking part in the High Adventure OEC programme of activities. I acknowledge the need for good conduct & responsible behaviour on his / her part. I declare my child / ward to be in good health & physically able to participate in all the activities. I will ensure that any changes in the circumstances which will effect my child's participation in the visits will be notified to High Adventure OEC prior to the booking date.

Our Insurance policy covers Professional Indemnity & Public Liability (downloadable from the website) but we do recommend that you take out Personal Accident Insurance & Personal Belongings Insurance.

Disclaimer:

By signing the 'Booking Contract Form - Day Camp' you are agreeing to give permission to allow your child to take part in the programme of activities including water activities, outdoor venues & indoor climbing walls.

I have read and understood the Booking Conditions. (Parent / Guardian)

Signature: _____ Date: _____