Knights Gymnastics Summer School

Child's Name			Date of birth:		Age:	
Address		<u> </u>			,	
Postcode						
Home Tel No			Mobile Tel No			
Email Address (fo	r future forms to	be sent to):				
Emergency Conta	ct Name					
Emergency Tel N	0					
Doctors Name		Doctors Tel No				
Ethnic Origin	Religion		I st Language			
Allergies (plasters, nuts etc.), special medical needs, medications (e.g. Inhaler), other special needs:						
How did you hear about our Gymnastics Summer School ?						
What school do you attend?						
Please state if there is anyone you do not wish your child to be collected by:						
Please tick sessions you require						

Dates in August 2017

	MON 7 th Aug	TUE 8 th Aug	WED 9 th Aug	MON 14 th Aug	TUE 15 th Aug	WED 16 th Aug
10.00 – 14.00						

Payment summary				
Prices:				
£33 Per Day				
£77 for the week – when 3 days in the same week are booked at the				
same time.				
Total cost				
(Stamp when paid)				



Print Name	Dat	e
Signed		
I have read, and accept, the terms and condit	cions of booking	
the right to exclude any child from taking part in the Children must have their fifth birthday before atter	nat activity. Under these conditions no	
 8. No refunds will be given unless a doctor's certifica 9. If it is considered that any child's behaviour is income. 	te can be produced as proof of illness.	
 Regulations made for the safety and comfort of pla The organisers reserve the right to amend prices v The organisers cannot accept any responsibility for 	where this is found necessary.	
4. The staff are not under any liability what so ever in members.		-
 Payment of your fee is regarded as evidence of you Bookings are not transferable. We reserve the right to amend the programme with 	·	OIIS.
BOOKING CONDITIONS FOR THE G		
images to third party agents.		
sale, various media groups and literature b images to third party agents.	y Stevenage Leisure Limited.	vve do not offer use of
(named overleaf) to be taken and used for	•	,
I do / do not give p		
be made to contact me prior to any treatment	nt being given.	
attending medical person. I understand that	other than minor first aid req	uirements, every effort will
have administered any first aid, medical or o	dental treatment as required o	or as recommended by the
I do / do not give	permission for my child/depe	ndant (named overleaf) to

GYMNAST PARENT/GUARDIAN CONSENT

