



HOLIDAY PLAY SCHEME BOOKING FORM

Please fill out a separate form for each child. Fill in one payment summary and return to Knights Templar Sports Centre.

Childs name:	Date of Birth:	Age:
Name of person booking child in:		
Address:		Post code:
Contact Tel No:		

MEDICAL INFORMATION

Special needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give details:
Doctor's name:	Doctors Tel No:	
Medical needs e.g. allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Give details with medication where necessary:		
Ethnic origin:	Religion:	1st language:
Are you happy for photographs to be taken of your child whilst in activities? Photographs may be used for our social media.		<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENTS DETAILS

Parental responsibility: Please indicate below the contact details of the person with parental responsibility for the child. Parental responsibility is defined in the Children's Act 1989 (S3) as "All the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and its property."	
Parents name:	
Address if different from above:	
Contact Tel No:	Email:
Relationship to child:	

COLLECTION DETAILS

Name of person(s) who have permission to collect your child and relationship to the child:
We require a password from all parents when picking your child up. Password:

Thank you for completing your child's Kidventure booking form. Please note that in the event of an emergency, the designated parent who has legal responsibility for the child, will be required to authorise any action necessary.

I _____ hereby give permission to the staff at Knights Templar Sports Centre to administer basic first aid treatment if required. I understand if the injury requires further attention the necessary medical support will be sought. Ofsted standards now require out of school care schemes to obtain permission from parents, that in the event that your child requires medical treatment and we are unable to contact you, that Knights Templar Sports Centre management can give permission to the medical profession to administer the necessary treatment.

I _____ do/do not give permission at the Knights Templar Sports Centre to give permission to the medical profession to carry out any necessary treatment that my child may require in the event that I cannot be contacted on the numbers given.

Signed: _____ Date: _____

Please tick box for days and sessions required.

Tuesday 29th May to Friday 1st June

Mon 28th May	Tues 29th May		Wed 30th May		Thurs 31st May		Fri 1st June	
CLOSED	Early Drop off 08.00-09.00		Early Drop off 08.00-09.00		Early Drop off 08.00-09.00		Early Drop off 08.00-09.00	
	AM 09.00-12.30		AM 09.00-12.30		AM 09.00-12.30		AM 09.00-12.30	
	Lunch Session 12.30-13.30		Lunch Session 12.30- 13.30		Lunch Session 12.30- 13.30		Lunch Session 12.30- 13.30	
	PM 13.30-17.00		PM 13.30-17.00		PM 13.30-17.00		PM 13.30-17.00	
	All day:		All day:		All day:		All day:	

PAYMENT SUMMARY

No. of full days x £20.00 per day: _____ Total £ _____

No. of ½ days, £10 per ½ day: _____ Total £ _____

No. of early drop off sessions x £4.00 per day: _____ Total £ _____

No. of lunch sessions x £4.00 per day: _____ Total £ _____

Grand Total £ _____

*Cheques made payable to
Stevenage Leisure Limited*

Payment by cash ☐ Payment by Cheque/Card ☐ Cheques ☐



How did you hear about us?

BOOKING CONDITIONS FOR KIDVENTURE

1. Confirmation of your booking will follow after receipt of your booking form. Payment of the fee is regarded as evidence of your acceptance of the booking conditions.
2. Bookings are non-transferable.
3. The organisers reserve the right to amend the programme where this is found to be necessary.
4. Stevenage Leisure do not accept liability for any injury, loss or damage to property however caused.
5. Regulations made for the safety and comfort of Kidventure members must be observed at all times.
6. The organiser cannot accept responsibility for unaccompanied children before or after the advertised times.
7. No refunds will be given unless a doctors certificate can be produced as proof of illness.
8. If it is considered that a child's behavior is incompatible with the safe enjoyment of an activity, the organisers reserve the right to exclude any children from taking part in that activity. Under these conditions no refund will be given.

Date and name of receptionist making booking: _____

Date and name of receptionist/manager checking booking: _____

Information given ☐