

# PIED PIPER 2018 BOOKING FORM

## Parent Details:

Mr/Mrs/Miss/Ms/Dr First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact No. Day/Mobile: \_\_\_\_\_ Evening: \_\_\_\_\_

Emergency Name & No. \_\_\_\_\_

## Children's Details:

List Details for Each Child	CHILD 1	CHILD 2
First Name		
Surname		
Boy / Girl	Boy / Girl	Boy / Girl
Date Of Birth		
Age on Camp		
Current School		
Doctor's Name		
Doctor's Surgery Telephone No.		
Your Child's Swimming Ability <small>1 = Non Swimmer 2 = Swims Less Than 15m 3 = Swims 15-25m 4 = Confident Swimmer</small>		
Has Your Child Any Known Medical Problems Or Allergies ? (If Yes please provide details)	Yes / No	Yes / No
Special Friend		

## Booking Details:

Please specify which camp e.g. "Ardingly" against each week booked

<b>Multi-Activity</b> £139.50 per week	23 <sup>rd</sup> - 27 <sup>th</sup> July	3 day Ardingly Sports camp Only	
	30 <sup>th</sup> July -3rd August		
<b>Sports</b> £165.00 per week	6 <sup>th</sup> - 10 <sup>th</sup> August		
	13 <sup>th</sup> - 17 <sup>th</sup> August		
	20 <sup>st</sup> - 24 <sup>th</sup> August		

### Optional Extras Required

Extended Day State "AM" / "PM" or "Both"		
Baseball Cap @ £5.00 each (please state quantity)		
T-Shirt @ £8.00 each (please state quantity)		
Hoodie £20.00 each (Purple/Yellow, Red/Yellow, Green/Yellow or Turquoise/Yellow)		

INSURANCE Children will be automatically covered unless you delete "YES" here YES

Sibling Insurance Offer - Pay for one and Sibling(s) covered free of charge

# PIED PIPER 2018 BOOKING FORM (Cont'd)

Please state here (and on a separate sheet if required) any further information that you feel we should know.

- Any medical treatment administered to a child will be within the OFSTED guidelines.
- Any medical treatment administered to a child will be recorded in the Camp Accident Report book which the person collecting the child that evening will be asked to sign as acknowledgement of notification.

I consent to any emergency medical treatment necessary and authorise Pied Piper staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

I consent to suncream I have supplied being applied to my child's arms, legs, neck and face by a Pied Piper staff member.

I consent to bite/sting relief cream being administered as deemed necessary.

I consent to my children receiving "Tuck" (sweets) prizes.

I am legally responsible for the child(ren) booked and agree to the booking conditions.

I enclose payment in full / deposit of £50.00 per child per week with balance due 1<sup>st</sup> June 2018 - cheques made payable to Pied Piper Activities or payment by BACS Sort Code 12-24-81 Account No. 00536503.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return Booking Form with Deposit to:

Pied Piper Activities Ltd  
PO Box 2902  
Brighton  
BN1 8US

Upon receipt, confirmation of your booking and an information pack will be e-mailed to you.



**01273 504485**

[victoria@piedpiperactivities.co.uk](mailto:victoria@piedpiperactivities.co.uk)

[www.piedpiperactivities.co.uk](http://www.piedpiperactivities.co.uk)