

PIED PIPER 2021 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. "Great Walstead" against each week booked			
Easter Multi-Activity	6 th - 9 th April	4 days: Tues-Fri	4 days: Tues-Fri
	12 th -16 th April		
Summer Multi-Activity £155.00 per week	26 th - 30 th July		
	2 nd - 6 th August		
	9 th - 13 th August		
	16 th - 20 th August		
	23 rd -27 th August	Cottesmore Only	Cottesmore Only

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 Navy/Yellow or Turquoise/Yellow)		

PIED PIPER 2021 BOOKING FORM (Cont'd)

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

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 sun cream 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 1st June 2021 - 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

www.piedpiperactivities.co.uk