 **HOLIDAY CLUB BOOKING FORM**

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| **Name of Child:** | | **Age of Child:** |
| **Email:** | | |
| **Contact Name:** | **Phone Number:**  **1. 2.** | |
| **Known Medical Conditions:**  If your child requires medication during please request and complete Permission to Administer Medicine Form.  If your child suffers from a medical condition that may need assistance during a Holiday Club session please request and complete a Medical Procedures Form**.** | | |
| **Please list any further relevant information:** | | |
| **Photography / Video and Social Media Permission:**  **I give permission for images of my child to be used for educational and promotional purposes and for images to appear on Your Sports Education Ltd website and our Facebook page.**  Your Sports Education Ltd use photography and videoing for educational, assessment and observation purposes to share and display activities your child has carried out. Personal details and names of child(ren) in photograph/video will not be given**.**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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|  | **Monday 26th October** | | **Tuesday 27th October** | | **Wednesday 28th October** | | **Thursday 29th October** | | **Friday 30th**  **October** | | **Total to Pay** |
| **AM PM** | | **AM PM** | | **AM PM** | | **AM PM** | | **AM PM** | |
| **October half term 26th – 30th Oct** |  |  |  |  |  |  |  |  |  |  |  |
| If booking for the whole week pay by Friday 23rd October for 10% discount. **Discount=**  Sibling discount is 10% off second or more child which is applied if payment is received  prior to course / day before attending. Discount only applies for whole day bookings. **Total=** | | | | | | | | | | |  |
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**Payment Details:**

**BACS: Sort code 09-01-29 Account no: 09528477 Reference: Your child’s name**

**CHEQUE: Please make cheques payable to Your Sports Education Ltd**  Post to: 14, High Firs Gardens, Romsey, Hampshire. SO51 5QA

**CASH**