

**ANDOVER LEISURE CENTRE**

**CHILDRENS ACTIVITY BOOKING FORM 2010 - 2011**



CHILDS NAME \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**NON MEMBER / MEMBER** (delete as appropriate)

**Contact Information**

PARENT/GUARDIAN NAME: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

WORK CONTACT NAME: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

WORK TEL NO: 1st \_\_\_\_\_ EXT \_\_\_\_\_ 2nd \_\_\_\_\_ EXT \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN ABOVE \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_ TEL NO: \_\_\_\_\_

DOCTORS ADDRESS \_\_\_\_\_

**Medical / Additional Information**

Please give details of any allergies, illnesses, special needs and dietary restrictions etc

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please detail your Childs current swimming ability:** \_\_\_\_\_

(weak or non swimmers will need to remain within designated safe water of 1.35m, this is dependent on swimming ability)

**CONSENT**

- I give my consent for my child to go Swimming.
- I give my consent for my child to attend trips to the local park, Charlton Lakeside and Depot.
- I give my consent for the administration and general treatment by the first aid staff if necessary.
- I give my consent for my child to be taken to Hospital in an emergency
- I have received and accept the terms and conditions, and policies of the Day Camp Information to Parents document.

By signing below indicates all the above information is correct and you understand the consent conditions listed above:

I give permission for any photos taken of the my child whilst on Activities to be displayed within the centre and on promotional flyers

tick box

Parent/Guardian signature \_\_\_\_\_

Please Print Full Name \_\_\_\_\_

Date \_\_\_\_\_