# C:\Users\User\Desktop\beechcroft-logo.jpg Beechcroft Multi Sports Club

# Multi Sports Summer Camp July and August 2019 BOOKING FORM

**at**

**Dickens Heath Community Primary School**

Child’s first name: ………………………………Surname: ……………………………….

Date of birth (dd/mm/yyyy): ……./……./…….….

Male [ ] Female [ ] (please tick)

Any medical conditions?: Yes [ ] No [ ] (please tick)

If **Yes** full details please: …………………………………………………………………

…………………………………..……………………………………………………………

Parent / guardian name (s): ………………………………………………………………

tel number(s)………………………………….……………………………………………

Email address: …….………………..………………………………………………………

Home address:....…..……………….………………………………………………….....

…………………………….………………....……Post Code……………………………..

Emergency contact name (s): ………………..…………………...................................

tel number(s)….. ………………….………..….…………………………………………..

**Age: 4 to 12 yrs 9.00am to 4:30pm (£20 session or £90 for the (5day) week)**

**Discounts for siblings, full week booking and early bird discount of £5 on total booking (book and pay by Friday 19th July )**

**Half day bookings £12.00. (4.5hours) 9.00-1.30pm or 12.00-4.30pm.(no discount)**

**Camp closed on Bank Holiday Monday.**

Dates required:

Week no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Camp is being run at Dickens Heath Community Primary School, Three Acres Lane, Dickens Heath, Solihull B90 1NA**

**PARENT / GUARDIAN CONSENT**

Note 1. All information will be handled in a secure and confidential manner and held in accordance with the Data Protection Act, with details circulated to group coaches/assistants on a need to know basis. The data will only be used for activities related to the Club, recipients of the data are reminded that they must maintain the security of information at all times.

Note 2. All reasonable steps will be taken to ensure the safety of the junior members attending the activities organised by the Club. However, sport is not risk-free exercise and junior members and their parents / guardians must be aware that accidents happen and that they must therefore take appropriate steps to ensure their own safety.

* I agree to my son / daughter taking part in the activities at Dickens Heath CP School
* **I do agree / do not agree (please delete as appropriate**) that photographs / videoing can be taken of my child, and acknowledge that copyright of such photography/video belongs to the photographer and that Beechcroft Multi Sports Club may use the photographs in any Club publication / promotion including electronic media such as internet technology.
* If your child is currently suffering, has recently suffered or developed an injury, allergy, illness or medical condition that may be affected by or affect their participation in sports activities. I set out over the page (or in an attached note), details of any medical conditions, together with details of any treatment, medications currently being taken, or precautions to be taken while in the Club’s care. I will ensure that my child has any necessary medication with them at each session.
* In the event of any injury or illness all reasonable steps will be taken to contact me (or other emergency contacts). Should the necessity arise, I agree to the person in charge of the activity giving consent on my behalf for urgent medical treatment to be given, including the administering of an anaesthetic on the advice of a medical practitioner.
* I understand that the Club, and the Club members who may be involved in organising or supervising matches, coaching or other sessions, accept no responsibility for loss, damage, or injury caused by or during any such activities, except where the loss, damage or injury results directly from the negligence of the Club or such Club members.
* I agree to be responsible for the **good behaviour** of my child and for any non-observance by him/her of the rules of the Club.

**All Camp participants are expected to bring packed lunch, drinks and snacks for the day, also suitable clothing and waterproofs in the eventuality of wet play**

Signature of parent/guardian .............................................................Date ....………..

(please print name) ......................................................................................................

**Please return the form with a cheque payable to: MP Sports Birmingham, Beechcroft Avenue, Hall Green, Birmingham B28 9ER or payment by bank transfer sort code 20-77-62, account no: 33913392. All bookings are final once paid and we are unable to refund.**

To book or for more information please call **0121 796 1330**

email: **mpsportsbirmingham@gmail.com**