



C.A.T.S. CLUB EASTER 2016 BOOKING FORM

The Manager and all the staff would like to welcome you to Edge Hill Sport. To book a place on the Easter C.A.T.S. Club please complete this booking form and return it with the appropriate payment. Cheques should be made payable to **Edge Hill Enterprises**. We are committed to customer care and would welcome any suggestions you may have to help improve the way we run our children's activities or any comments regarding the service we provide. If you wish to see our policies on child safety and Safeguarding Children please ask a member of staff.



CHILD'S NAME: _____

MEMBERSHIP NUMBER*: _____

AGE: _____ **DATE OF BIRTH:** ____ / ____ / ____

* If not already a member, we will also require a completed membership form.

PARENT/GUARDIANS NAME: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS:

Street _____

Locality _____

Town _____

County _____

Postcode _____

EMERGENCY CONTACT DETAILS:

	Contact 1	Contact 2
Person's name		
Relationship to Child		
Home Tel Number		
Work Tel Number		
Mobile Tel Number		

If more than two people can act as emergency contact please complete on separate sheet and also please indicate the order in which we should try the different phone numbers.

SCHOOL: _____

SPORTING INTERESTS: _____

PRICES

	Day	5 Day* Week	Additional Child	Annual Membership	Additional Child
Community	£18.50	£65.00	£55.00	£315.00	£270.00
Early Booking Discount	£17.50	£60.00			
Edge Hill University Staff or Student*	£14.00	£49.00	£44.00	£235.00	£210.00
Early Booking Discount	£13.00	£44.00			
Emergency Services Staff*	£17.00	£59.00	£50.00	£280.00	£240.00
Early Booking Discount	£16.00	£54.00			

*Terms and Conditions Apply. Bookings are not confirmed until full payment has been received.

Payments can be made using cash, cheque with guarantee card, credit or debit card.

Early Booking Discount applies to bookings completed prior to 13 March 2016.

	Monday	Tuesday	Wednesday	Thursday	Friday	Total days	Cost
Week 1	11 April	12 April	13 April	14 April	15 April		£
Week 2	18 April	19 April	20 April	21 April	22 April		£

MEDICAL DECLARATION

Please complete the details below and state if your child suffers from: Asthma, Epilepsy, Diabetes, Fainting or details of any other condition which may affect their ability to participate fully in the activities provided. Please also provide information regarding any behavioural habits your child may have and how we can best help your child during the C.A.T.S. Club. Please continue upon a separate sheet if necessary.

MEDICAL CONDITION:	_____

CONSIDERATIONS TO BE MADE:	_____

DOCTORS GP NAME:	_____
DOCTORS TELEPHONE NUMBER:	_____
DOCTORS SURGERY:	_____

To help promote the C.A.T.S. Club official photographs may be taken over the club. These photographs may be used for publicity purposes in brochures, banners and the local press.

If you wish your child to be **included** in photographs please sign here: _____

I give permission for my child to attend Edge Hill Sport C.A.T.S. Club. Having read, understood and accepted all statements made in the 'Terms and Conditions', I would like my child to participate in activities organised by Edge Hill Sport.

SIGNED _____ PARENT / GUARDIAN DATE _____

ⓘ All information received on this application form will be treated in accordance with the Data Protection Act 1998. It will be used solely for the purpose of your Edge Hill Sport membership and will not be made available to any outside agencies.

Please tick the box if you do NOT wish to receive further mailings of junior activity session information from us in the future.