



NEW STARS

Application Form - Year 3, 4, 5 & 6 - August '15

Name of girl: _____ Age: _____ Year at school: _____

Home Address: _____

Date of Birth: _____ School: _____

Email address: _____

Home phone no.: _____ Parent's Name: _____

Parent's Phone Nos.: _____

(please provide as many contact nos. as possible, e.g. mobile of mother & father or guardians)

Has your daughter had any of the following: Please give details below if necessary:

Asthma/Bronchitis _____

Fits/fainting/blackouts _____

Diabetes _____

Heart condition _____

Severe headaches _____

Allergies to medication _____

Other illnesses/allergies, etc. _____

(please specify)

Does your daughter use an inhaler/epipen? _____

I hereby consent to NEW STARS acting 'in loco parentis' whilst my daughter is at the NEW STARS camp. I consent to medical treatment being given by the NEW STARS first aider. I hereby waive and release the camp, its affiliates, N.L.C.S. and Canons Sports Centre of any liability for injuries incurred while on the NEW STARS camp. Campers will be responsible for any damage they cause whilst on the NEW STARS camp.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Camp runs from 10am to 4pm each day.

Please tick to indicate which days your daughter will be attending camp:

Tuesday 18th August '15 _____ £35 Wednesday 19th August '15 _____ £35

Thursday 20th August '15 _____ £35 Friday 21st August '15 _____ £35

If you choose to attend all 4 days you get a discount... The 4 day week will cost just £120!

TOTAL COST: _____

You can pay online: New Stars 09 06 66, 43512143

OR by cheque payable to NEW STARS & return to address below.

You will receive notification of acceptance onto the camp via email.

Please return application form, terms & conditions form & cheque to:

NEW STARS P.O. Box 57697, London, NW7 0GY

proprietor: Mrs A Ansell tel: 07973116589

email: newstarssportscamps@gmail.com website: www.newstarssportscamps.co.uk
