

PORTISHEAD YOUTH CENTRE

February Holiday Scheme

Child's name:		Date of birth:	Age:
Address:	Home telephone:		How did you hear about this Scheme?
	Email address:		
	Name of doctor:		
Postcode:	Doctor's surgery:		

RELEVANT MEDICAL INFORMATION/DIETARY REQUIREMENTS:

Emergency contact details:

Name: _____ Relationship to child: _____
 Telephone number: _____ Mobile: _____

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Name: _____ Relationship to child: _____
 Telephone number: _____ Mobile: _____

Mon 21 st Feb	Tue 22 nd Feb	Weds 23 rd Feb	Thurs 24 th Feb	Fri 25 th Feb	TOTAL
Full Day <input type="checkbox"/> Avon Valley Country Park + £12	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	Full Day <input type="checkbox"/> Brown Rock Farm Woodland Project + £5	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	

By signing this form, I am agreeing for my child to participate in any off-site activities.

I am agreeing that in the case of an emergency I give permission for any medical intervention my child may need.
 I agree that my child is physically able to and I give consent for my child to participate in any activity associated with the Holiday Scheme and any trip/activity that is being run on any date that I have booked my child in for.
 I agree that Portishead Youth Centre Ltd has permission to use photographic images and video for advertising and display purposes.

I understand that Portishead Youth Centre Ltd cannot take any responsibility for loss or damage to personal belongings

I understand that monies for sessions must be paid at least 48 hours in advance and that if I cancel any sessions with less than 24 hours' notice that I will not be eligible for a refund of any monies paid.

Bookings will be secured only when a Booking Form (this document) has been completed and returned and payment has been made.

I agree to Portishead Youth Centre Ltd using my email address to keep me updated on trips and activities my child is signed up to during this Scheme and booking information for future Holiday Schemes.

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COVID conditions

I will not allow my child to attend any sessions if they are showing any symptoms.

I understand that if my child starts to show symptoms of Coronavirus I will need to come and collect my child immediately, self-isolate and arrange testing.

I understand that should my child be unable to behave as required by staff that they will be removed from the session and will be required to be collected immediately. I am aware that this may jeopardise my child's attendance at future sessions.

I agree to Portishead Youth Centre using my contact details to provide information for the Government's Track and Trace system if required.

Signed:..... Date:.....

OFFICE USE ONLY - Payment:		Date	Signed
TOTAL DUE	£		
PAID	£		