



# C.A.T.S. CLUB

## SUMMER 2011

### BOOKING FORM

The Manager and all the staff would like to welcome you to Sporting Edge. To book a place on the Summer 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 child protection please ask a member of staff.

<b>CHILD'S NAME:</b>	_____
<b>MEMBERSHIP NUMBER*:</b>	_____
<b>AGE:</b> _____	<b>DATE OF BIRTH:</b> ____ / ____ / ____

<b>PARENT/GUARDIANS NAME:</b>	_____
<b>EMAIL ADDRESS:</b>	_____
<b>POSTAL ADDRESS:</b>	
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 provide on an additional sheet and also please indicate the order in which we should try the different phone numbers.

<b>SCHOOL:</b>	_____
<b>SPORTING INTERESTS:</b>	_____
	_____

## PRICES

	Single Day	Additional Child	Full Week	Additional Child	**4 Day Week	Additional Child	Summer Membership	Additional Child	Annual Membership	Additional Child
Community	£17.00	£17.00	£60.00	£51.00	£48.00	£41.00	£240.00	£200.00	£340.00	£290.00
Edge Hill University Staff or Student*	£13.00	£12.00	£45.00	£41.00	£36.00	£33.00	£180.00	£165.00	£255.00	£230.00
NHS Staff*	£15.50	£15.50	£54.00	£46.00	£43.50	£37.00	£216.00	£184.00	£300.00	£255.00

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

\*\*Only available on weeks impacted by a Bank Holiday

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Total days	Cost
Week 1	25 July	26 July 	27 July	28 July 	29 July		£
Week 2	1 August	2 August 	3 August	4 August 	5 August		£
Week 3	8 August	9 August 	10 August	11 August 	12 August		£
Week 4	15 August	16 August 	17 August	18 August 	19 August		£
Week 5	22 August	23 August 	24 August	25 August 	26 August		£
Week 6		30 August 	31 August	1 September 	2 September		£


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.

<b>MEDICAL CONDITION:</b>	_____
	_____
<b>CONSIDERATIONS TO BE MADE:</b>	_____
	_____
<b>DOCTORS GP NAME:</b>	_____
<b>DOCTORS TELEPHONE NUMBER:</b>	_____
<b>DOCTORS SURGERY:</b>	_____

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 Sporting Edge 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 Sporting Edge.**

**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 Sporting Edge 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.