

# Holiday Club Booking Form



**MINI AMBERS**

Club Location: .....

Child's (Children's) Full Name(s) :

.....

Parent(s)/Carer(s) Name:

1. .... 2. ....

Contact telephone and email for both parents/carers named above:

1. ....

Child's Address:

.....  
.....  
.....

Postcode: .....

**Holiday Club is not available on Bank Holidays and Staff Training Days.**

**Holiday Club at King's Park Academy = £20.00**  
**Opening Hours 8.00am –5.30pm**

**School Holiday:**

**Dates required:**

**Junior Athlete Holiday Club at Leaf Academy = £15.00**

**Opening Hours = 7.45am – 4.30pm**

**Arrival by 9.30am for registration and collection after 3.00pm.**

**I would like to book:    football             multi-sport             dance**

Do you give consent for photographs/videos to be taken of your child to be used for club displays, promotional purposes, or the Ambers website?

Your child will be unidentified whenever the images are used.    Yes     No

PLEASE COMPLETE BOTH SIDES OF THE FORM.

**Terms and Conditions:**

I understand that my child will be provided with a snack and drink whilst at the club unless otherwise requested. They will provide their own packed lunch.

If my child will not be attending the club on a day they are booked in, I will inform the following;

For King’s Park, Dan Herrington on 07584 259 609 or email [dan.herrington@aat.education](mailto:dan.herrington@aat.education)

For Leaf, Sam Bayston on 07557 872 407 or email [sbayston@leaf.bournemouth.sch.uk](mailto:sbayston@leaf.bournemouth.sch.uk)

I accept that whilst at the club my child may get involved in messy activities.

I understand that staff cannot be held responsible for any lost or stolen items.

I understand that should there be any incidents at the holiday club involving my child, I will be informed of the situation.

I understand that the information given on the booking forms is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.

I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.

I have read and, in signing this form, accept the above conditions for my child attending the holiday club.

**Parent / Carer Signature:**

Does your child have any allergies/dietary requirements? Yes  No

If yes, give details:

.....

Does your child have any medical requirements? Yes  No

If yes, give details:

.....

.....

Do you give permission for first aid to be administered if required? Yes  No

Do you give permission for the club staff to contact your doctor/dentist in the case of an emergency? (Please be assured, every effort will be made to contact you in the first instance.)

Please give the names, and relation to your child, of any other adults that have permission to collect your child from holiday club.

1. ....

2. ....