

CAMP MOHAWK SUMMER CAMP 2010 BOOKING FORM



Please check all of the details below and make any changes necessary and return to:
CATS Summer Camp 2010, 40 Montagu Road, Datchet, Berkshire, SL3 9DW
 by Monday 5th July 2010, together with your payment for each day(s) or week(s) booked. Cheques should be made payable to "CATS YPP". If you have any problems, please telephone Sarah Stanford on 01753 547328 or 07951 999506 or email her at scstanford@aol.com

Child's Name:		Date of Birth:	
Address 1: <i>(House No, Street)</i>		Address 2: <i>(Town/Village)</i>	
Postcode:		Contact Tel No:	
E-mail:		Guardian/Next of Kin:	
Name of school the child attends:		Does your child need one to one support? Yes/No	
Emergency Telephone Number:		Alternative Emergency Telephone Number:	
GP Name:		GP Tel No:	
GP Address 1:		GP Address 2:	
Special Medication:		Known Allergies:	
Tetanus Jab Date:		NHS No:	
<p>Important: Please tick where appropriate</p> <p>My child can swim 25 metres unassisted <input type="checkbox"/> <i>(note: access to Hurley Paddling activities will restricted if your child cannot swim 25 metres unassisted and will be subject to staff availability)</i></p> <p>My child needs support around/in water <input type="checkbox"/></p>			
Dates required <i>(please tick)</i> <u>Week 1: 26th July-30th July 10</u> Monday @ £15 <input type="checkbox"/> Tuesday @ £15 <input type="checkbox"/> Wednesday @ £15 <input type="checkbox"/> Thursday @ £15 <input type="checkbox"/> Friday @ £15 <input type="checkbox"/> WHOLE WEEK @ £60 <input type="checkbox"/>	Dates required <i>(please tick)</i> <u>Week 2: 2nd – 6th August 10</u> Monday @ £15 <input type="checkbox"/> Tuesday @ £15 <input type="checkbox"/> Wednesday @ £15 <input type="checkbox"/> Thursday @ £15 <input type="checkbox"/> Friday @ £15 <input type="checkbox"/> WHOLE WEEK @ £60 <input type="checkbox"/>	Dates required <i>(please tick)</i> <u>Week 3: 16th – 20th August 10</u> Monday @ £15 <input type="checkbox"/> Tuesday @ £15 <input type="checkbox"/> Wednesday @ £15 <input type="checkbox"/> Thursday @ £15 <input type="checkbox"/> Friday @ £15 <input type="checkbox"/> WHOLE WEEK @ £60 <input type="checkbox"/>	Dates required <i>(please tick)</i> <u>Week 4: 23rd – 27th August 10</u> Monday @ £15 <input type="checkbox"/> Tuesday @ £15 <input type="checkbox"/> Wednesday @ £15 <input type="checkbox"/> Thursday @ £15 <input type="checkbox"/> Friday @ £15 <input type="checkbox"/> WHOLE WEEK @ £60 <input type="checkbox"/>
READING RESIDENTS ONLY: Transport required Y/N Preferred pick-up point: Sainsbury's at Calcot OR Park and Ride at Winnersh Triangle (please delete as appropriate)			

PLEASE COMPLETE PARENT CHECKLIST OVERLEAF:

CAMP MOHAWK SUMMER CAMP 2010

PARENT CHECKLIST

**PLEASE TICK THE BOXES
TO CONFIRM YOUR AGREEMENT**

<ul style="list-style-type: none">In the event of illness requiring emergency treatment, I authorise a Committee member of CATS to sign on my behalf any written form of consent required by hospital authorities if the delay to obtain my own signature is considered inadvisable by the Doctor or Surgeon concerned.	<input type="checkbox"/>
<ul style="list-style-type: none">I undertake to inform Committee members in the event of any changes to my child's circumstances.	<input type="checkbox"/>
<ul style="list-style-type: none">Violent and/or aggressive behaviour towards other members of CATS is considered to be unacceptable behaviour. I understand and agree that the committee of CATS cannot tolerate this type of behaviour.	<input type="checkbox"/>
<ul style="list-style-type: none">I understand that some activities will take place off site and I give my permission for my child to be transported to these activities by minibus and/or private car.	<input type="checkbox"/>
<ul style="list-style-type: none">I understand that from time to time photographs and video footage may be taken of the summer camp activities, and I give my permission for my child to be photographed.	<input type="checkbox"/>
<ul style="list-style-type: none">ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD WE NEED TO KNOW:	<input type="checkbox"/>
<ul style="list-style-type: none">I have enclosed my payment of £ in full payment of date(s) selected.	<input type="checkbox"/>

..... Date:

Signed: Parent/Guardian