



Registration Form



Personal Details

Child's Name: Age: D/O/B:

Home Address:

Contact Telephone Numbers: Home: Mobile:

School Attended: Year Group:

Medical Conditions (Inc. any dietary information):

Is there any other information about your child that we should be made aware of?:

Parent/Guardian Details

Name of person with parental responsibility: Relationship to child:

Contact Number: Email Address:

Emergency Contact Details

In the case of an emergency we will contact the person named above, however if we cannot reach that person we will contact the persons named below in order of preference.

Emergency Contact 1

Name: Relationship to child:

Mobile Number: Work Number:

Emergency Contact 2

Name: Relationship to child:

Mobile Number: Work Number:

Emergency Contact 3

Name: Relationship to child:

Mobile Number: Work Number:





Course Details

Name of course: Course Dates:

Early Drop Off Required? (£3 per day): Total To Pay:

Payment is required on the first day of each course by csh or cheque. Please make cheques payable to Chris Bell Golf.

Additional Information and Disclaimers

PLEASE REMEMBER TO SEND PLENTY OF WATER, A SNACK AND A PACKED LUNCH EVERY DAY. NO NUTS PLEASE!

PLEASE TICK TO CONFIRM THAT YOU GIVE US PERMISSION TO EMAIL YOU ABOUT CAMP DETAILS OR FUTURE COURSES AND EVENTS. AT GOLFTASTIC WE TAKE YOUR PRIVACY SERIOUSLY AND WILL NEVER PASS YOUR CONTACT DETAILS ON TO ANYONE ELSE.

PLEASE TICK TO CONFIRM THAT YOU GIVE US PERMISSION TO PHOTOGRAPH/VIDEO YOUR CHILD PARTICIPATING IN OUR SUMMER CAMP THAT WE MAY USE FOR PROMOTIONAL PURPOSES.

PLEASE TICK TO GIVE US CONSENT TO APPLY SUNCREAM TO YOUR CHILD IF NECESSARY.

PLEASE TICK TO GIVE US CONSENT TO ADMINISTER BASIC FIRST AID IF NECESSARY, OR TO SEEK MEDICAL ASSISTANCE IN THE CASE OF A MORE SERIOUS INJURY.

WE ARE COLLECTING THIS PERSONAL INFORMATION FOR THE FOLLOWING REASONS:

1. TO ALLOW US TO COMMUNICATE WITH PARENTS
2. TO BE INFORMED OF ANY MEDICAL/BEHAVIOURAL/DIETARY INFORMATION FOR YOUR CHILD TO ENSURE THAT THEY ARE SAFE AND HAPPY AT THE CAMP
3. TO GAIN PERMISSION FOR YOUR CHILD TO PARTICIPATE IN THE CAMP
4. TO ENSURE THAT WE HAVE GAINED CONSENT TO PHOTOGRAPH/VIDEO YOUR CHILD.
5. TO ENSURE THAT WE HAVE GAINED CONSENT TO APPLY SUNSCREEN, AND ADMINISTER BASIC FIRST AID IF NECESSARY, OR TO SEEK MEDICAL ASSISTANCE IN THE CASE OF A MORE SERIOUS INJURY.

THE INFORMATION CONTAINED ON THIS FORM WILL BE HELD FOR 1 YEAR AFTER COMPLETION OF THE CAMP.

I AGREE THAT THE INFORMATION I HAVE GIVEN ON THIS REGISTRATION FORM IS ACCURATE AND I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE ON THE GOLFTASTIC CAMP OR CAMPS NOTED AT THE TOP OF THIS PAGE.

Parent/Guardian Name (Please Print):

Parent Guardian Signature: Date:

FOR OFFICE USE ONLY

PAYMENT RECEIVED - CASH CHEQUE

