

ISLAND YOUTH WATER ACTIVITIES CENTRE - 2008 BOOKING FORM

COURSE REQUIRED

Course Title: _____ Course Code: _____

Course Price: _____ Course Dates: _____

PARTICIPANT INFORMATION

Mr/Mrs/Ms/Miss* First Name: _____ Surname: _____

Address: _____

Daytime Tel.: _____ Evening Tel.: _____

e-mail: _____

Date of Birth: _____ Male Female

School Attended (if currently in full-time education): _____

Ethnic Origin African Caribbean Indian Pakistani Bangladeshi

Chinese UK European Irish Other _____

HEALTH DECLARATION - Please give information about any current medical treatment, illness or medical condition (e.g. Asthma, Epilepsy, Diabetes, Giddy Spells or Heart Condition). If none please write "None"

Participant's Next of Kin: _____ Contact Tel.: _____

CUSTOMER INFORMATION

Customer Name (If different from above): Mr/Mrs/Ms/Miss* _____

DECLARATION - I have read and agree to the booking conditions. If the participant is under 18 years of age this must be signed by the parent or legal guardian.

Signed _____ Print Name _____ Date _____

If you are signing for a child how will they leave the Centre at the end of activities?

Collected Make their own way home

Can we have your permission to photograph or video your child for training purposes? **YES/NO***, for marketing purposes? **YES/NO*** ***Please delete as appropriate**

I enclose £ _____ Course fee/ Deposit

OFFICE USE ONLY: Payment

Invoice No.: