

School Holiday Camp

Registration Form

Please circle
Holiday Camp *

October Half Term

Christmas

February Half Term

Easter

May Half Term

Summer Week 1

Summer Week 2

Child's Name * _____

Child's School & Year Group * _____

Birth Date * _____

Telephone Number (in case of emergency) * _____

Address * _____

E-mail * _____

Relevant Medical
Information *

Tick all that apply *

- I will collect my child at the end of each day.
- I will arrange for my child to be collected at the end of each day, informing WSA in writing who will be the collector.
- I give permission for my child to make his/her own way home after each day.
- If you do not wish for your child to be photographed please tick this box.

Payment method:: _____ Amount enclosed: £ _____

Permission Statement *

I agree to allow my child to participate in Woody's Sports Academy and certify that my child is in adequate physical health to participate in physical activities of this nature. I hereby release and discharge Woody's Sports Academy from all claims, demands and/or loss suffered from my child as a result of his/her participation in the club.

Print Name: _____ Parent/Guardian

Signed: _____ Parent/Guardian

Date: _____