



**SUMMER CAMP 2019 Registration Form**

**Monday 22ND FRIDAY 26TH JULY**

Please fill in **ONE FORM** per player attending the Summer Camp

**Player details:**

Player name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ School: \_\_\_\_\_ Rugby club: \_\_\_\_\_

Any particular medical condition/ Allergies: \_\_\_\_\_

**Parent / Guardian details:**

Daytime phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Primary contact email (In **CAPITALS**): \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Booking details** (please tick where appropriate):

**Full Week Camp:** £100 (22<sup>nd</sup> – 26<sup>th</sup> July)

**Daily booking:** £25 per day. Please tick day(s) required:

Monday  22<sup>nd</sup> July      Tuesday  23<sup>rd</sup> July      Wednesday  24<sup>th</sup> July      Thursday  25<sup>th</sup> July      Friday  26<sup>th</sup> July

**Total Payable:**       **Payment Method :** Cheque / Bank Transfer

- Please make cheques payable to **LPLT**
  - If you are paying by Bank Transfer, you **MUST** use the reference **GPCAMP19** along with your son's initial and first 3 letters of his surname (e.g. Tom Smith payment = **GPCAMP19 TSmi**)
- Account Name – LPLT(Langley Park Learning Trust) Sort Code – 30 84 51 Account Number - 64067768**

**Signed:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Although we will take reasonable steps to avoid serious injuries suffered by the participants, the participants voluntarily assume the risk of injury. By agreeing for your child to participate on the camp, you confirm that you are the parent/guarding of the child registered on this form and you consent to:

1. Your child's participation in the camp.
2. Your child being photographed or filmed which may be used for promotional material to promote the camp.
3. Any data regarding your child may be used for our record keeping purposes.
4. You consent to a first aid person caring for your child in case of an accident.
5. You accept that there is a risk of injury when involved in sport.
6. Should the medical condition change of your child after filling in this form it is your responsibility to inform the Summer Camp Team detailing the necessary information

Payments must be received within seven days after the registration form has been submitted. Booking enquires must be made to Graham Purdy using the Summer Camp email address: **summercamps@psb.org.uk** or phoning **0208 639 4836** – enquires should receive a response within 48 hours.

**Please send completed form (and payment) to: Langley Summer Camp, Langley Park Boys School, South Eden Park Road, Beckenham, Kent, BR3 3BP**

**For administration use only:** Date received \_\_\_\_\_ Payment Method \_\_\_\_\_ Confirmation sent? Yes  No

