



Summer Scheme Booking Form

Prior to completing this registration form please take time to read all sections carefully. Full disclosure of previous and current health problems will be required. All information received will be kept strictly confidential and only used in the event of an emergency. PLEASE COMPLETE IN BLOCK CAPITALS

Full Name of Participant _____ Date of Birth _____ Age _____

Emergency Contact - Next of Kin/Contact for Parent/Guardian:

Full Name _____ Relationship to participant _____

Address _____ Email Address _____

Tel. No (Home) _____ (Mobile) _____

Please give details of:

Any medical conditions e.g. diabetes, asthma _____

Any allergies e.g. to medication, anaesthetics _____

Any disabilities / existing injuries _____

Please circle:

I CAN / CANNOT SWIM

(For information only; this is not a necessity & you can still take part in all water-based activities. Buoyancy Aids will be provided).

I DO / DO NOT wish to receive Mobile Team Adventure updates including e-zine, emails or special offers.

IMPORTANT - Please circle: Mini Kidz (5-8 years, 10am-12.30pm) **OR** Adventure Kids (5-15 years, 10am – 3pm)

Week commencing 22nd July 29th July 5th Aug 12th Aug 19th Aug **OR** Specific Days: _____

Early drop-off required? (from 8.30am, £2/day) _____ **Late pick-up required?** (until 4.30pm, £2/day) _____

Total Payment to be made £ _____ Cheque / Card / Cash? (Cheques to be made to “Mobile Team Adventure Ltd”)

Payment is non-refundable

Acceptance of Responsibility

*Mobile Team Adventure Ltd (MTA) will issue a verbal safety brief to all participants by an instructor, prior to any activity taking place. If it is felt by the participant that the briefing was unclear or inadequate then they should not participate. I, the participant, agree and understand that outdoor activities may have dangers and that my participation is **entirely at my own risk** and therefore agree to indemnify and hold harmless MTA (excluding negligence), should I incur personal injury, loss or damage during an activity. I declare that I am fit enough to participate and that I do not have any pre-existing medical conditions that should preclude me from participating. I am responsible for my own safety, actions and involvement and understand that I may opt out at any stage and that I am expected to act in a responsible manner at all times. I give permission for MTA Instructors to give First Aid and seek medical services for me if required. I have read and accept the Terms and Conditions.*

Mobile Team Adventure Ltd may take photographs, which will remain the property of MTA and may possibly be used on promotional material including social networking sites in future. Photos will be posted on our Facebook page and if you object to a particular image being held, please let us know and we will immediately delete it.

Parent/Guardian Permission

Participants under the age of **16 years** must have signed consent from a parent/guardian. Parents/Guardians must read and agree to the **Acceptance of Responsibility** guidelines. All participants under the age of 16 years must adhere to guidelines as laid down in the **Acceptance of Responsibility**.

SIGNED

DATE

Please post to: Mobile Team Adventure Ltd, 29 Ashgrove, Newtownards, BT23 4HA
or email to: info@mobileteamadventure.co.uk