

Personal Details

First name.....Surname.....
 Address.....
Postcode.....
 Email address

Telephone.....Mobile.....
 Date of birth.....Age.....
 Emergency contact name.....Telephone.....

Courses / Activities

Title	Date	Price
1		
2		
3		
4		
5		
		Total Price

Relevant experience.....
 Can the participant swim 50 metres?.....Is the participant water confident?.....

Medical Details

Please circle if the participant suffers from; asthma, epilepsy, allergies, recent illness, muscle strain, travel sickness, back or joint problems, diabetes. Please give details.....

 Please give details of any treatments or medicines you are receiving

Name of doctor.....Surgery.....Telephone.....

If you have any objections to photography/filming of you/your child for MBC's use tick here.....

How did you hear about the Mount Batten Centre? Existing customer, word of mouth/recommend
 MBC website, brochure, poster, leaflet, advertisement, newspaper feature, TV, radio

Payment Details

I enclose £ (Full payment for course(s)/activitie(s)–see terms and conditions of booking)
 Please make cheques payable to Mount Batten Park Ltd. We accept credit and debit cards.

Consent (Under 18's must be signed by a parent / guardian)

I consent to any emergency treatment required by me/my child during the course of the visit. I am/my child is in good health and I declare physically able to take part in the selected course(s)/activity(s) above. I have read and am signing to accept the terms and conditions of this booking.
 Signed.....Print.....(Relation).....Date.....

Ofsted Registration number: EY382272

Office use only. Date received..... Money received..... Receipt No:

Approved by..... Date approved..... Booking No:

Confirmation sent Yes / No..... Date sent..... Invoice No: