

## Booking Form for October half-term activities 2017

Name of Child	
Date of Birth	
Home Address	
Home Tel. Number	
Name of Parent/Guardian	
Emergency Contact Number(s) of Parent/Guardian	
E-Mail address to send confirmation of activities	
know about, including medication requ	tions that your daughter or son has that we may need to ired on the day. If none please state 'None'
Please tell us about any additional needs that your daughter or son has (e.g. learning disabilities): (If your son/daughter has an Activities Unlimited Number please include this).	
	r child can swim or not. (If they are able can they swim I a small amount of funding to provide swimming lessons



Wednesday 25 <sup>th</sup> October – Essex Outdoor Adventure, Mersea Island – Travel by minibus, leaving Level 2 at 9.30 a.m. and returning approx 5 p.m. Take a packed lunch, wear appropriate clothing for outdoor activities. The activities will include Aerial Runway & the Climbing Wall.	£25
Thursday $26^{\text{th}}$ October – 11 a.m. to 3 p.m. Chill Out open session at Level Two, with a variety of indoor activities. We will provide ingredients for you to make your own lunch.	£5

Please tick next to the trips if you would like your daughter or son to attend. Remember to keep a note about the dates you have booked. Numbers are limited and places will be allocated on a first come first serve basis, (Mersea Island only has a total of 12 spaces) so early booking is recommended. To secure your place we must have both a completed form together with payment or instalment. (Instalments are accepted to spread the cost of an activity if you are unable to pay the full amount in one go.) <u>We cannot reserve spaces</u>. **Please note** that you will receive a confirmation e-mail of payment and further details of the activity nearer the time.

I (the parent or legal guardian) have read the booking form and give consent for my child to participate in the activities/trips. I acknowledge that the staff of Level Two will be liable in the event of any accident only if they have failed to take reasonable care of my child. Also, I allow for my child to receive medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary if I cannot be contacted.

Level Two may take photos of the young people for use on our website or for our publicity. Please cross this box if you <u>do not</u> want this to happen.

Each young people is responsible for their own belongings (phones, IPad, clothing etc).

Signed:.....

Date:....

(Parent/Guardian)

This information will be kept confidential within Level Two Youth Project

Please return form with payment to:- Level Two Youth Project, 2<sup>nd</sup> Floor, 54 Cobbold Road, Felixstowe, IP11 7EL. Cheques payable to "Level Two Youth Project". Any queries or for further information Tel : 01394-272521