**Booking Form for Level Two Laser Tag**

**Friday 21st February 2020**

**7pm – 9pm**

**Only £10**

**Year 6+ - Only 14 Spaces Available**

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| **Name of Young Person** |  |
| **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** |  |
| **Please tell us about any medical conditions that your daughter or son has that we may need to know about, including medication required 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):** | |

**Places are limited, to secure your place please return completed form with a £5.00 deposit.**

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.

I allow for my child to receive medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

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

Signed:………………………………………………………… Date:……………….

(Parent/Guardian)

This information will be kept confidential within Level Two Youth Project.