



BOOKING FORM CHILD'S DETAILS



Name Male / Female

Date of Birth Current School year.....

Address.....

.....

.....Postcode.....

Telephone number

School Attended

Emergency contact name

Emergency contact number

Any medical / special needs (including medicines taken).....

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.....

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My child would like to be in the same small group as:

.....

OR

Please only request that your child be placed with children of **a similar age** to them. We are unable to guarantee that we can place children in groups with their selected friends, but where possible we will do so.

"I give permission for my child named above to take part in the activities associated with Champion's Challenge. In case of illness or accident a qualified first-aider may give first-aid to my child. In an emergency, I authorise the Leader-in-Charge or other authorised leader to sign on my behalf any written form of consent required by medical authorities, if the delay required to obtain my signature is considered unnecessary or inadvisable by the doctor or the surgeon concerned."

Signed Date

Name of Parent / Carer