



SUMMER CAMP 2017 Registration Form

Please fill in **ONE FORM** per player attending the Summer Camp – if this form is for a **SIBLING**, please tick here

Player details:

Player name		DOB
Address		
		Postcode
Home phone	School	Rugby club
Medical condition (inc. any dietary info)		

Parent details:

Daytime phone:	Mum	Dad
Mobile phone:	Mum	Dad
Email address		
Emergency Contact	Relationship to child	

Booking details (please tick where appropriate):

Camp runs daily between 9:30am until 3:30pm

WEEK 1: Monday 14th – Friday 18th August **WEEK 2: Monday 21st – Friday 25th August**

One Week booking: Members £135, Siblings £125, Non-Members £150

Two Week booking: Members £260, Siblings £240, Non-Members £290

Daily booking: Members £32 and Non-Members £37 per day. Please tick day(s) required:

Monday Tuesday Wednesday Thursday Friday

Breakfast club: 7:30am £5 per day (tick LEFT) / **Late pick-up:** 6:00pm £5 per day (tick RIGHT):

Monday Tuesday Wednesday Thursday Friday

Lunch bookings: £10 for the week (hot meal, snack & drink included). Lunch week 1 Lunch week 2

Total Payable: **Payment Method:** Cheque Card Bank transfer

Please make cheques payable to **Sutton & Epsom RFC** or payment by card may be taken over the bar with this completed form.

Payments by Bank Transfer to Metro Bank Sutton (please inform the Summer Camp Team when complete)

Sort Code: 23-05-80 Account No: 21047481 Reference: **SC17-ChildsName**

Signed: _____ Name: _____ Date: _____

***** Early bird offer – FREE S&ERFC SPORTS CAP – for bookings received before Sunday 28th May 2017 *****

Although we will take reasonable steps to avoid serious injuries suffered by the participants, the participants voluntarily assume the risk of injury. By agreeing for your child to participate on the camp, you confirm that you are the parent/guardian of the child registered on this form and you consent to:

- Your child's participation in the camp.
- Your child being photographed or filmed which may later be used for promotional material to promote the camp.
- Any data regarding your child may be used for our record keeping purposes.
- You consent to a first aid person caring for your child in the case of an accident.
- You accept that there is a risk of injury when involved in sport.
- Should the medical condition change of your child after filling in this form it is your responsibility to inform the Summer Camp Team detailing the necessary information.

Payments must be received within seven days after the registration form has been submitted. Booking enquiries must be made to Sam Phillips using the Summer Camp email address: **suttonandepsom.camps@gmail.com** or phoning **07769 345407** – enquiries should receive a response within 48 hours.

Please send completed form (and payment) to: Sam Phillips, 2 Hillcroome Road, Sutton, Surrey SM2 5EL

For administration use only: Date received _____ Payment Method _____ Confirmation sent? Yes No