**Salto Summer School**

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In case of emergency if different from above)

Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the child suffers from any allergies or medical incapacities, Please give details below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there anything else we should know?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for my child to attend the following Salto Summer School 2009 Sessions and give my consent for staff to administer first aid to my child should the need arise.

(Please circle the correct time or Full day)

Prices are Non members/members respectively.

£9.00/£8.00 £9.00/£8.00 £16.00/£14.00

Wednesday 28th July 9:30 – 12:30 13:30 – 16:30 Full Day £

Thursday 29th July 9:30 – 12:30 13:30 – 16:30 Full Day £

Wednesday 4th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Thursday 5th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Wednesday 11th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Thursday 12th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Wednesday 18th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Thursday 19th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Wednesday 25th August 9:30 – 12:30 13:30 – 16:30 Full Day £

Thursday 26th August 9:30 – 12:30 13:30 – 16:30 Full Day £

I enclose full payment of £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid CASH / CHEQUE Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_